ACCOUNTABILITY
SAFETY
EXCELLENCE
ENGAGEMENT
RESPECT
TRANSPARENCY
QUALITY
TEAM
PATIENT FIRST
ACCOUNTABILITY
PEOPLE
RESPECT
TRANSPARENCY
NGAGEMENT
HEALTH
ELLENCE
BEST CARE
TRANSPARENCY
SUPPORT
COMMUNITY
CELLENCE
MENT RESPECT

Annual Report 2013-2014

To the Minister of Health

Prairie North Health Region

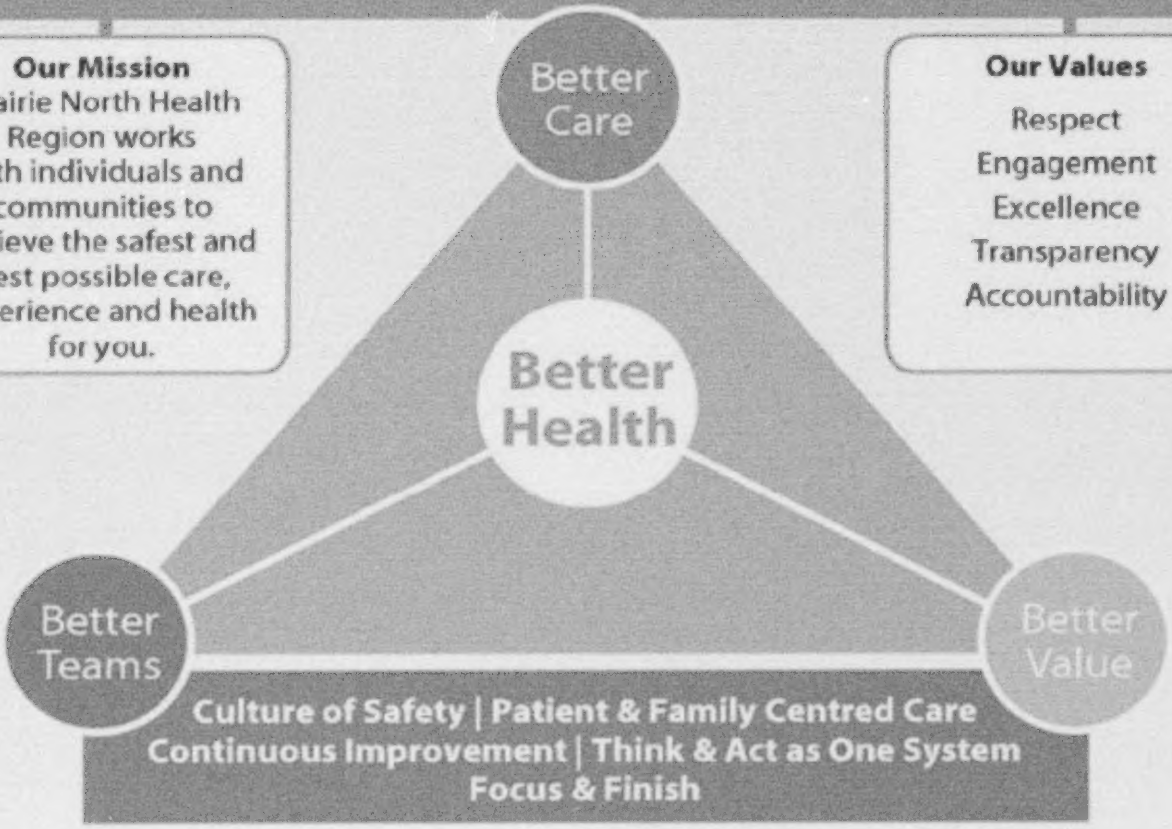
Healthy People. Healthy Communities.

VISION

Healthy People. Healthy Communities.

Our Mission
Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

Our Values
Respect
Engagement
Excellence
Transparency
Accountability



Culture of Safety | Patient & Family Centred Care
Continuous Improvement | Think & Act as One System
Focus & Finish

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

Better Teams

Build safe, supportive and quality workplaces that support patient and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Prairie North Health Region

Putting Patients First
Transforming Health Care through Lean

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This Annual Report is also available in electronic format from the Prairie North Health Region website at:

www.pnrha.ca

Print copies of the PNRHA Annual Report are available at Prairie North Regional Health Authority's Corporate Office in North Battleford:

1092 – 107 Street
North Battleford, SK S9A 1Z1

or by calling (306) 446-6606

Letter of Transmittal

To: The Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

Prairie North Regional Health Authority is pleased to provide you and the residents of the health region with our 2013-14 Annual Report, as required under *The Regional Health Services Act*, section 55.

This report provides the audited financial statements and outlines activities and accomplishments of the RHA for the year ended March 31, 2014.

We welcome this opportunity to report to you and to the public, assessing our overall performance in administering public funds entrusted to us, and in providing patient-focused, safe, quality, effective, and efficient health care.

Respectfully submitted,

B. O'Grady

Bonnie O'Grady
Chairperson
Prairie North Regional Health Authority

Introduction

This Annual Report presents the activities and results of Prairie North Regional Health Authority (PNRHA) for the fiscal year ending March 31, 2014.

The Report reviews and assesses the progress PNRHA has made over the past year toward achieving our Vision of ***"Healthy People. Healthy Communities."*** in the context of our Mission to ***"work with individuals and communities to achieve the safest and best possible care, experience and health"*** for our patients, residents and clients.

We are pleased to present results on the publicly committed strategies, targets, actions, and performance measures set out in the Region's 2013-14 Strategic (Hoshin Kanri) Plan, in the Regional Health Authority's (RHA's) 2013-14 Accountability Document with the Ministry of Health, and in line with the provincial Strategic Direction for the health system, as outlined in the Ministry's Five-year and 2013-14 Strategic Priorities for the Healthcare System.

PNRHA's Annual Report also references key challenges we have faced and identifies lessons learned as we move forward with determination and commitment for the benefit of the residents of our Region.

Prairie North Regional Health Authority is responsible for the preparation of this report and affirms that the data and interpretation contained herein is accurate and reliable.

The information pertaining to each Hoshin (Breakthrough Initiative), its targets, actions, and measures is obtained through PNRHA's team leader for each of the Hoshins. Progress on each Hoshin is monitored and reported regularly to the RHA's Senior Leadership Team members. The organization's measurement results are obtained through the RHA's Quality and Safety portfolio, regional and provincial programs and systems, and the Ministry of Health. The data reflects consistency of measurement and alignment with provincial reports.

Once compiled into the Annual Report, each Hoshin Team Lead reviews his or her section for accuracy, recommending changes as necessary. Revisions are incorporated before the document is approved by the Senior Leadership Team and submitted to the Board for review, input, and approval.

Alignment with Strategic Direction

PNHR Priority Projects
SK Hoshins and Actions
Five-year Improvement Targets
Five-year Outcomes
Enduring Strategies

Prairie North Regional Health Authority is directly accountable to the Minister of Health. The RHA functions fully in alignment with the Ministry's Five-year and 2013-14 Strategic Priorities for the Healthcare System.

Beginning with the 2012-13 fiscal year, the Ministry adopted **a strategic planning approach** known as **Hoshin Kanri**.

This approach is used throughout Saskatchewan's healthcare system – in the Ministry of Health, all health regions, and other health organizations including the Saskatchewan Cancer Agency (SCA), Saskatchewan Health Quality Council (HQC), and 3sHealth.

Hoshin Kanri aims to involve staff from all levels of participating organizations in identifying the vital few priorities for the system, using current data as a guide for decision-making. The intent is to focus on and finish the work in these key areas and then move on to the next set of priorities in future years. This sequencing allows for breakthrough achievement over a short time, rather than slow and inconsistent improvement over a long time.

The provincial outcomes identified in the Ministry of Health's annual plan are organized by four enduring strategies:

Better Health
Better Care
Better Value
Better Teams.

These strategies focus the health system on achieving the best possible health outcomes for communities and the best possible care for patients, while maintaining a financially sustainable system and ensuring the professionals working in the system have the tools they need to do their best work.

The five-year outcomes and improvement targets outlined in the plan have been agreed to by all health system leaders in Saskatchewan.

These outcomes and targets inform the provincial hoshins – breakthrough initiatives or areas where we'll see significant improvement within one year – and other key activities.

Prairie North has also identified regional priority projects that support provincial hoshins and other focused areas of need.

This approach allows resources and efforts across the provincial healthcare system to be aligned and maximized, while still providing flexibility for local health regions to meet the needs of their population and the organizations themselves.

Better

better health • better care • better value • better teams

Prairie North Health Region – Hoshin Kanri Plan 2013-2014

Enduring Strategy	Provincial 5-year Outcomes	Provincial Hoshins - 2013-14	Prairie North Hoshins - 2013-14
Better Health	People living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions. At risk populations (all age groups) will achieve better health through access to evidence based interventions, services, and/or supports.	By March 2014, improve access and connectivity in Primary Health Care innovation sites and use early learnings to build foundational components for spread across the province.	• Progressing PHC in PNRHA • Improving Supports with Seniors • Decreasing Long-Stay Admissions in Mental Health Unit
Better Care	All people have access to appropriate, safe and timely surgical and specialty care (cancer, specialist, and diagnostics) as defined by the improvement targets. No patient will wait for care in the Emergency Department. Establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors).	Transform the patient experience through sooner, safer, smarter Surgical Care. Safety Culture: Focus on Patient and Staff Safety.	• Transform the patient experience through Sooner, Safer, Smarter Surgical Care • Improving Patient Flow and Discharge Planning in the Emergency Department • Patient Safety
Better Value	As part of multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%. All IT, equipment and infrastructure will be coordinated through provincial planning processes to ensure provincial strategic priorities are met.		• Right Information, Right Place, Right Time
Better Teams	Establish a culture of safety with a shared ownership for the elimination of defects (uncorrected errors). By March 2017, increase staff and physician engagement provincial average scores to 80%.	Safety Culture: Focus on Patient and Staff Safety.	• Workplace/Employee Safety • Developing a Culture of Engagement

Better Health
Improve population health through health promotion, protection and disease prevention, and collaborate with communities and different government organizations to close the health disparity gap.

Better Care
In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve healthcare safety.

Better Value
Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment, and information infrastructure.

Better Teams
Build safe, supportive, and quality workplaces that support patient and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

RHA Overview

Prairie North Regional Health Authority is responsible for planning, organizing and delivering health services within its geographic area of northwest central Saskatchewan, consistent with the province's strategic direction and available resources.

PNRHA is also responsible for promoting and encouraging health and wellness, assessing the health needs of its residents, and monitoring and reporting on its progress in providing services that meet residents' health needs.

The RHA delivers a broad range of health services to its 80,883 Saskatchewan residents (*Saskatchewan Health Covered Population 2013)*, plus over 20,000 residents *(Municipal Census 2013 - City of Lloydminster)* of the Alberta side of Lloydminster, additional residents from surrounding Alberta communities and areas, and an untold transient population working in and around Lloydminster.

Our team of 3,373 health care professionals in over 2,437.05 full-time equivalent (FTE) positions, plus 126 general practice and specialist physicians who live and work in the Region, works with individuals and communities to achieve the safest and best possible care, care experience and health for our patients.

Through PNRHA's network of ambulance services, hospitals, diagnostics, general and specialty medical services, health centres, primary health care sites, rehabilitation services, chronic disease management, home care, long-term care, public health services, mental health and addictions services, and many others, individuals have access to a comprehensive array of preventative, promotional, assessment, emergency, treatment, rehabilitative, supportive, and palliative patient care services that span a lifetime.

PNRHA also works through environmental health and infection prevention and control to safeguard the health of our citizens and communities.

Supporting all of these patient care services, programs, and facilities is the RHA's corps of food and nutrition, housekeeping, maintenance, and materials management services.

PNRHA's administrative programs including finance, human resources, labour relations, information technology, communications, and continuous safety and quality improvement provide the leadership, oversight, and management of our direct care and support services.

Patient Services

In the past year in Prairie North:

- **184 hospital beds** were staffed & in operation
- **5.23 days** was the **average length of stay** for each hospital inpatient
- **10,799 patients** were admitted to hospital
- **1,752 babies** were delivered
- **7,021 surgeries** were performed, including **1,048 cataract surgeries** and **86 hip & knee replacements**
- **3,627 endoscopic cases** were performed
- **80,789 people** received care in our emergency departments
- **39,572 people** received care in our health centres and ambulatory care clinics
- **46,759 general radiography exams** were taken
- **2,977 mammography exams** were done
- **7,518 ultrasound exams** were performed
- **9,228 CT exams** were conducted
- **53,809 hours of care** were provided to patients by Home Care nurses
- **57,350 hours of homemaking services** were provided to Home Care patients
- **28,160 Meals on Wheels** were delivered
- PNHR's **616 Long-Term** and **Short-Term Care Beds** were full at a **98.1% occupancy rate**
- **797 clients** were seen through Telehealth
- **71,016 patients** received therapy visits
- **6,820 children** were seen in child health clinics
- **8,047 immunizations** were given to children in schools
- **561 people** participated in Parent Mentoring groups
- **718 individuals** were admitted to inpatient mental health facilities for care
- **9,842 individuals** received outpatient mental health care
- **6,068 client visits** were made to addictions services
- **985 public health inspections** were conducted along with **3,913 public health consultations**

Key PNRHA Service Sites

Prairie North delivers its services in 33 Region-operated or supported facilities and service sites, as well as through contracted/private service sites and programs, in community locations, and in client homes. *(See Appendix D, page 89)*

Key Partnerships

PNRHA's primary partnership is with the Saskatchewan Ministry of Health.

The Regional Health Authority also partners with nine Health Care Organizations (HCOs) for delivery of:

- Additional Emergency Medical Services:
  - Marshall's Ambulance Care Ltd., St. Walburg
  - WPD Ambulance, Lloydminster (formerly Lloydminster Emergency Care Services)
  - WPD Ambulance Care Ltd., North Battleford
- Addictions Services:
  - Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster
- Mental Health Services:
  - Libbie Young Centre Inc., Lloydminster
  - Edwards Society Inc., North Battleford
  - Canadian Mental Health Association (CMHA), Battlefords Branch *
  - Portage Vocational Society Inc., North Battleford *

  (Just prior to year end, Portage Vocational Society amalgamated with the CMHA Battlefords Branch to become one organization effective April 1, 2014.)*
- Continuing/Supportive Care Services:
  - Societe Joseph Breton Inc., North Battleford (Villa Pascal Long-Term Care home – PNRHA's only Affiliate organization)
  - Points West Living Lloydminster Inc. (Assisted Living).

A number of other key agencies, organizations, programs and services are also significant partners in PNRHA's delivery of services to help meet patient, resident, and client needs:

- 3sHealth (Health Shared Services Saskatchewan)
- North Sask Laundry & Support Services, Prince Albert
- First Nations communities and organizations
- Battlefords Family Health Centre
- KidsFirst
- Highway 40 Health Holdings (Cut Knife & Neilburg)
- North Saskatchewan River Municipal Health Holdings
- Educational divisions and institutions
- Ministries of Justice, Social Services, and Central Services
- Seven local health care Foundations and Trust Funds
- Eleven health care Auxiliaries
- Community organizations and committees

Prairie North maintains a relationship with Alberta Health Services (AHS) which provides funding support to PNRHA for provision of health services to Alberta residents of Lloydminster and area. Under the *Lloydminster Charter* and legislative agreement, PNRHA is responsible for delivery of most health services to the City of Lloydminster.

A Unique Health Region

Prairie North Regional Health Authority is unique among Saskatchewan health regions as it is the only RHA delivering health services in two separate provinces, in Canada's only border city - Lloydminster.

PNRHA is the only Saskatchewan health region that has direct responsibility for Alberta residents. This presents many special considerations and challenges in the management and provision of health services to people living under differing provincial jurisdictions in the same community.

Prairie North is also the only health region in Saskatchewan with two Regional hospitals (Battlefords Union and Lloydminster).

Prairie North Health Region is the location of Saskatchewan's only provincial psychiatric rehabilitation hospital (Saskatchewan Hospital, North Battleford) which itself is home to the province's Forensic Services program.

Governance

Prairie North Regional Health Authority is the governing body of Prairie North Health Region. The Board consists of a maximum of 12 members.

Board members are appointed by the Minister of Health through Order-in-Council. They are accountable to the Minister who also appoints the Board Chairperson and Vice-Chairperson.

The current 10-member PNRHA Board was appointed on May 22, 2012 for a three-year term.

Prairie North Regional Health Authority

Board Members

(as of March 31, 2014)

Bonnie O'Grady, Maidstone - Chairperson

Leanne Sauer, Lloydminster - Vice-Chairperson

Ben Christensen, North Battleford

Gillian Churn, Maidstone

Wayne Hoffman, North Battleford

Helene Lundquist, Lloydminster

Jane Pike, Meadow Lake

Trevor Reid, Meadow Lake

Anil Sharma, Lloydminster, AB

Glenn Wouters, Meota

The roles and responsibilities of RHA Boards are defined in *The Regional Health Services Act*, which created Saskatchewan's health authorities in 2002. These roles and responsibilities are noted on page 5 of this report.

PNRHA functions primarily as a single entity, as a full Board. A Finance Committee assists the Board in fulfilling its financial responsibilities.

Back Row, from left::
Anil Sharma, Trevor Reid, Wayne Hoffman, Glenn Wouters, Ben Christensen
Front Row, from left:
Gillian Churn, Helene Lundquist, Bonnie O'Grady, David Fan, CEO, Jane Pike, Leanne Sauer

PNRHA Board members serve as representatives on committees and organizations throughout the Region. Board members report at regular monthly Board meetings regarding their participation in and activities of the committees.

Organizational Structure

Prairie North Regional Health Authority's organizational structure aligns with the provincial health system's foundational enduring strategies of Better Health, Better Care, Better Value, and Better Teams.

The RHA's Senior Leadership portfolios are organized according to the four Betters and are headed by a corresponding Vice-President. The Better Teams priority also includes Medical leadership by a team of Co-Senior Medical Officers (Co-SMOs).

One change in the Senior Leadership positions occurred during the past year in one of the Co-SMO roles. Dr. Bruce Murray stepped down from the Co-Senior Medical Officer responsibilities he shared with Dr. Wilhelm Retief and Dr. Almereau Prollius.

Dr. Murray continues in his position as pathologist for the RHA and maintains involvement with the University of Saskatchewan Family Medicine Residency Training Program which expanded to The Battlefords in September 2013. Dr. Murray serves as Regional Liaison for the program.

PNRHA extends appreciation to Dr. Murray for his medical leadership over the past six years with Prairie North and his commitment to making the Residency Training Program in the Region a success.

Prairie North Regional Health Authority also extends appreciation to Glenys Coleman for her 5 1/2 years of service to the RHA. Ms. Coleman left the organization in December 2013, having served most recently in a leadership role as PNRHA Organizational Development Coordinator, reporting to the CEO.

PNRHA's Organizational Chart as of March 31, 2014 is located on page 88 of this report.

Community Advisory Networks

Prairie North Regional Health Authority has an important, active group of local committees, called Community Advisory Networks (CANs) or Community Health Advisory Networks (CHANs) that facilitate and support consultation with and input from local communities.

The CANs/CHANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

PNRHA's network of community advisory groups includes those formally established by the RHA:

- Meadow Lake and Area Community Health Advisory Network
- Lakeland Regional Community Health Advisory Network
- Lloydminster & District Health Advisory Committee;

and those established by communities:

- Paradise Hill Health Advisory Committee
- St. Walburg Health Advisory Committee
- Pine Island (Lodge) Board
- Cut Knife Health Advisory Committee.

Bi-Provincial Working Group on Lloydminster & Area Health Services Plan

On March 27, 2013, the Saskatchewan and Alberta governments announced that they would work together to develop a health services plan to continue to provide necessary, quality care for Lloydminster residents.

Saskatchewan Minister of Health Dustin Duncan and Alberta Minister of Health Fred Horne committed to jointly address the delivery of health services in Lloydminster. A working group was established comprised of representatives from both Ministries, from Alberta and Saskatchewan health authorities including Prairie North RHA, and from the City of Lloydminster.

The Lloydminster Health Service Provision Working Group was tasked with working with the community to review its health service needs and to explore ways to best provide appropriate care.

Both provinces agreed that any solution for health-care in Lloydminster must focus on practical solutions, incorporate the input of people living and working in the community and result in a single Health Service Plan for Lloydminster and area.

The Working Group developed a 15-year Integrated Health Services and Facility Infrastructure Needs Assessment and presented it to both Ministries, meeting its December 2013 target.

AHS provided a financial adjustment to Prairie North in mid-year to help offset 2013-14 operating and capital costs.

A process has been established for addressing health service needs in Lloydminster. Progress has been made toward dual licensing for Lloydminster physicians, standardization of Emergency Medical Service (EMS) protocols, and enabling access at Lloydminster Hospital by physicians and staff to Alberta's Netcare electronic health record portal.

Accreditation

Prairie North Regional Health Authority achieved its best-ever report from Accreditation Canada in 2013-14, toward meeting national standards for quality and safety in health care and service.

The RHA met 92% of all criteria for the 22 standards on which the organization was assessed. Of the 37 Required Organizational Practices (ROPs), 29 were fully met, and the remaining eight were partially met.

The Accreditation Report identified PNRHA's strengths as interdisciplinary team work in all program and service areas; focus on planning and delivery of care and service throughout the organization; community partnerships and collaborative relationships; a dedicated, high functioning, and cohesive Board of Directors; and a talented, committed leadership team dedicated to health system transformation through the Saskatchewan Healthcare Management System.

Areas for improvement included revitalizing PNRHA's ethics framework for addressing ethical issues and decision-making; re-invigorating the performance appraisal process to ensure that appraisals are completed for all staff; and establishing a formal process for identifying and analysing actual and potential risks for the organization.

The 'Accredited' designation followed an on-site survey of the Region May 27-31, 2013 during which a team of eight Accreditation Canada external peer surveyors assessed the RHA's leadership, governance, clinical programs, and services against Accreditation Canada requirements for quality and safety.

These requirements include national standards of excellence; required safety practices to reduce potential harm; and questionnaires to assess the work environment, patient safety culture, governance functioning, and client experience.

The survey was the fourth for PNRHA since its inception in August 2002 and the fourth time the organization has been granted Accredited status.

Full credit for the achievement goes to PNRHA's highly skilled, dedicated team of health care and service professionals throughout the organization.

Progress in 2013-14

Better Health

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, people living with chronic conditions will experience better health as indicated by a 30% decrease in hospital utilization related to six common chronic conditions (Diabetes, Coronary Artery Disease (CAD), Coronary Obstructive Pulmonary Disease (COPD), Depression, Congestive Health Failure, and Asthma).

System Five-year Improvement Targets:

- **By 2017, there will be a 50% improvement in the number of people surveyed who say, "I can see my primary healthcare team on my day of choice either in person, on the phone, or via other technology".**
- **By 2017, 80% of patients are receiving care consistent with clinical practice guidelines for six common chronic conditions (Diabetes, CAD, COPD, Depression, Congestive Heart Failure, and Asthma).**

System Hoshin

By March 2014, improve access and connectivity in Primary Health Care (PHC) innovation sites and use early learnings to build foundational components for spread across the province.

PNRHA Hoshin/Project: Progressing Primary Health Care in PNRHA

Problem Statement	Target Statement
Inadequate access to primary health care in PNHR is resulting in: • Inappropriate use of emergency rooms, high levels of Canadian Triage and Acuity Scale (CTAS) 4 & 5 patients in EDs throughout the Region. *(See Measurement Results, second paragraph, page 12 for more information about CTAS and definitions of CTAS Levels 4 & 5).* • Poor management of chronic conditions. • Increased rates of hospitalization. • Public perception that PHC does not work. • Poor understanding of PHC team roles.	By March 31, 2014: • 100% of Prairie North Primary Health Care sites will be in Phase 2 of the PHC model line. • 100% of PHC sites will be collecting and using Clinical Practice Redesign™ (CPR™) data to improve access as standard work. • 40% of providers will be enrolled in the Chronic Disease Management—Quality Improvement Program (CDM-QIP). • 3 of 5 PNHR Emergency Departments (EDs) will have a strategy to link orphan patients to PHC Teams. • 100% of sites engage the community in their Leadership Team.

Results:

- PNRHA achieved its target of having 100% of its Primary Health Care sites in Phase 2 of PHC development which involves ongoing quality improvements in services and access to services. All PHC sites completed the planning phase (Phase 1) of development.
- By the end of December 2013, Prairie North surpassed its target for the number of PHC physicians enrolled in the CDM Quality Improvement Program. Sixty-eight per cent (68%) of the RHA's 35 PHC physicians were registered in the program. The aim is for best practice guidelines in chronic disease management to be integrated into standard work for PHC providers, improving consistency in care for patients with any of the six common chronic conditions: diabetes, CAD, COPD, depression, congestive heart failure, and asthma.
- PNRHA fell just short of its target to have three of its five Emergency Departments with a strategy to link 'orphan' patients to PHC teams. Two of the five EDs have a strategy in place. Work is continuing in 2014-15 to meet the target and develop standard work for referrals and follow-up for CTAS Level 4 and 5 patients. An 'orphan' patient is a patient without an identified family physician.
- By March 31, 2014, five of PNRHA's six main PHC sites (83%) include patient/community and physician representation on their Leadership Teams. Focus continues in the year ahead to reach the 100% target.

Measurement Results:

- Collection and use of CPR™ data is now standard work in 93% (12) of Prairie North's 13 PHC locations (six main and seven satellite PHC sites). CPR™ data is the baseline for our efforts in improving access for patients to PHC services. For example, the data is used to demonstrate how quickly patients are able to see their health care provider of choice.
    - Twelve of PNRHA's 13 PHC locations are using patient experience surveys (PES) as standard work to help measure access to services and patient satisfaction. Eighty-three per cent (83%) of survey respondents reported they were able to get an appointment on their day of choice.

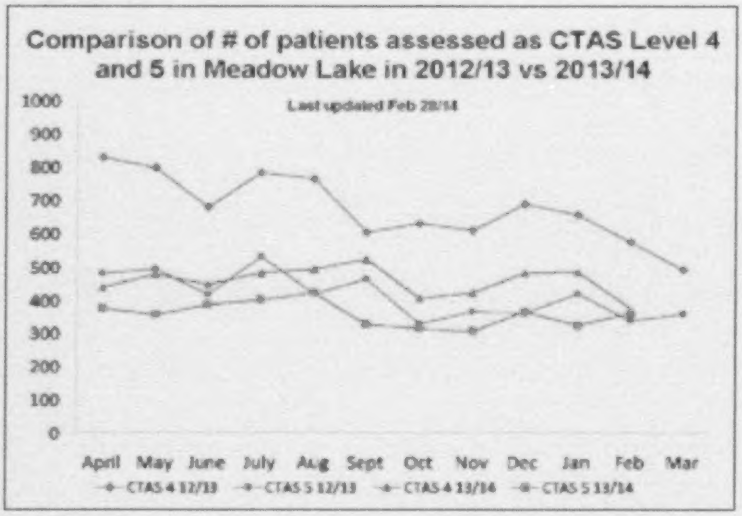
Meadow Lake PHC Innovation Site

Emphasis has continued over the past year on improving patient access to PHC Teams in the Meadow Lake Primary Health Care Innovation Site. Meadow Lake became a PHC site in December 2009. The Meadow Lake Primary Health Centre was officially opened on April 20, 2012. Within a month, the Ministry of Health announced that the Meadow Lake PHC had been selected as one of the province's first eight PHC Innovation sites in the province.

In 2013-14:

- PNRHA worked with the teams at the Meadow Lake PHC Innovation Site to further engage physicians and to integrate registered nurse case managers, PHC counselors, and Mental Health & Addictions professionals into the PHC Team.
- Clinic space was further developed to accommodate integrated teams.
- PHC services to Goodsoil were stabilized with visiting services by Meadow Lake physicians and nurse practitioners.
- Quality improvement work on patient scheduling was undertaken with the assistance of PNRHA Lean leaders and Kaizen Promotion Office (KPO) personnel.
- Opening of walk-in services at the site reduced the need for patients to visit the Meadow Lake Hospital Emergency Department.

Measurement Results:



The graph (left) shows a reduction in the past year in the volume of CTAS Level 4 and 5 patients being seen in the Meadow Lake Hospital ED. Most often, patients assessed as Level 4 or 5 are best looked after in a primary care site. Decreased numbers of these patients being seen in an ED indicates increasing access to PHC providers.

CTAS stands for Canadian Triage and Acuity Scale and is a system to assess and categorize the urgency of the care a patient needs. The Level 4 classification means the patient should been seen by a physician or nurse practitioner within 3 - 12 hours. The Level 5 classification means the patient's condition is non-urgent and should be seen by a physician or nurse practitioner at a primary care site or clinic.

Lloydminster PHC Innovation Site

Lloydminster was also selected and announced by the Ministry of Health in May 2012 as a location for development as a Primary Health Care Innovation Site. The Prairie North Health Centre in Lloydminster, established in October 2011 primarily as a 'soft landing' site for family physicians newly coming to the Border City, was transitioned in 2012-13 to a stable primary health care site. A Leadership Team had been established to move the innovation site project forward.

In 2013-14:

- Five Primary Health Care physicians provide services at the Prairie North Health Centre PHC Innovation Site in Lloydminster.
- The multidisciplinary team expanded with addition of a PHC registered nurse and a PHC counselor.
- Prairie North Health Centre physicians provide visiting services to Onion Lake First Nation two days per week.
- In July 2013, PNRHA purchased the former Lloydminster & District Co-op Plaza in downtown Lloydminster, and began planning to develop a large portion of the facility into a consolidated, integrated and comprehensive Primary Health Centre. Renovations to the site are underway with completion slated for the 2014-15 operational year.

Maidstone Collaborative Emergency Centre (CEC)

Prairie North Health Region is proud to be the home of Saskatchewan's first Collaborative Emergency Centre (CEC), an innovative approach to meeting the health care needs of rural residents.

Saskatchewan's First CEC

With cutting of the ceremonial cake, Maidstone's CEC was officially opened.

Participating in the ceremony were (from left):
David Fan, CEO Prairie North Regional Health Authority;
Ruth Presley, patient representative;
Randy Weekes, Minister responsible for Rural and Remote Health;
Connie McCulloch, Mayor, Town of Maidstone;
Bonnie O'Grady, Chairperson, PNRHA; and
Dustin Duncan, Minister of Health.

The Maidstone CEC officially opened September 24, 2013 as an integral part of the Maidstone Health Complex and Maidstone health care team. The CEC provides extended hours of primary health care and 24/7 emergency care, improving stability and access to health care services for patients.

A team of four physicians and a nurse practitioner offers regular daytime and extended hours of primary health care including evenings and partial weekend hours. Same day or next day appointments are available.

Urgent care is available during the daytime (8 am - 8 pm) by a registered nurse and licensed practical nurse with support from a local primary care physician. Overnight (8 pm - 8 am), a registered nurse and primary care paramedic lead assessment, minor treatment and urgent care, in consultation with a STARS (Shock Trauma Air Rescue Society) physician. Local primary care physicians support acute inpatient (hospital) and long-term care at Maidstone Health Complex 24-hours-a-day.

Prairie North RHA worked closely with local and regional health care providers, community leaders, Ministry of Health officials, provincial health care organizations, and STARS to bring the Maidstone CEC to reality. The RHA believes that CECs are the future for Saskatchewan communities like Maidstone in strengthening and retaining their health care services.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, at risk populations (all age groups) will achieve better health through access to evidence-based interventions, services, and or supports.

System Five-year Improvement Target:

- **By March 2017, reduce the number of patient days of seniors occupying acute care beds awaiting community service supports by 50%.**

PNRHA Hoshin/Project: Improving Supports With Seniors	
Problem Statement	**Target Statement**
• Insufficient community supports are available to allow seniors to remain in their own homes independently for as long as possible. • This may result in unnecessary Emergency Department visits, inappropriate admissions to and extended lengths of stay in acute care, and premature admission to long-term care and personal care homes. • The links with primary health care are not currently sufficient to effectively manage chronic diseases in the seniors population. • The seniors population is growing. Over time, the need for home care services has increased in excess of resources available to meet the demand. In addition, Saskatchewan is considered to be highly-bedded when compared to the national average of long-term care beds. • Affordability of private care options is an issue, as are concerns with satisfaction with the services.	By March 31, 2014: • Piloting Contact Assessment (MDS assessment tool) to be implemented in 2013 with plans for expansion. • Transition of Edam Home Care services to the Tri-Rural Home Care service area. This may enhance services with increased availability of service and fewer cancellations of service. • Further development of Home Care satisfaction survey and analysis of results to further determine unmet needs of clients. • Utilize MDS data and client profile to develop decision-making, screening and prioritizing process to determine service levels in Home Care and for placement decisions. Provides reliable, equitable and objective information.

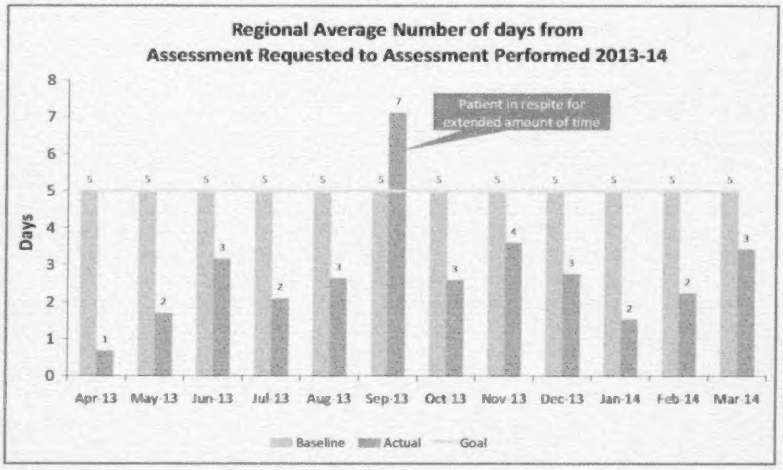
Results:

- In October 2013, PNRHA began piloting a new electronic screening tool to help support early assessment and prioritization of Home Care clients based on urgency of need. The tool standardizes the information obtained on initial contact with the client. The aim is to ensure that services are implemented as quickly as possible based on the urgency of need, to keep people from having to be hospitalized or be able to leave hospital with the necessary care and supports in place. All Prairie North Home Care assessors are trained to use the tool. The pilot began in The Battlefords and Lloydminster, and has expanded to Meadow Lake and rural Home Care services.
- Edam and area residents began accessing and receiving Home Care services from Prairie North's Turtleford Home Care group, rather than from North Battleford, as of April 1, 2014. PNRHA worked with staff and community members over several months to prepare for the transition. The aim is to improve access to and delivery of Home Care services to Edam and area clients from the closer Turtleford location. The change is being monitored to ensure client needs are being met.
- PNRHA conducted a Region-wide survey of Home Care clients December 2013 through March 2014 to measure satisfaction with the program and services. Results are being compiled and analysed.
- Prairie North RHA is trialing an updated rating tool using data from its client assessment system to support clinical decision-making on client needs for placement in long-term care. The updated measures and tool provide a standard process for decision-making to ensure client needs are appropriately met by the right care provider, at the right time, in the right place.

Measurement Results:

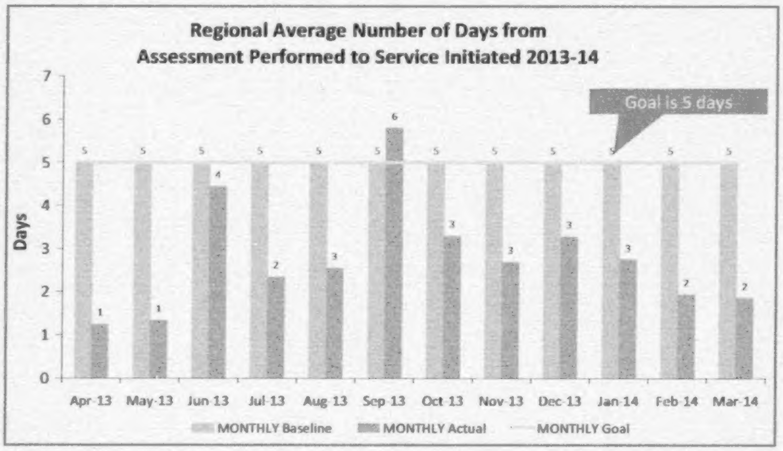
- PNRHA was successful in achieving its target timeframes for assessment and initiation of service for clients.

- As the graph (right) shows, Prairie North aimed to ensure that client assessments for continuing care services were conducted within a maximum of five days from the date the request for assessment was received. Across the Region, on average, PNRHA achieved the goal, performing client assessments on average in no more than four days, with one exception as illustrated in the chart.


Regional Average Number of days from Assessment Requested to Assessment Performed 2013-14

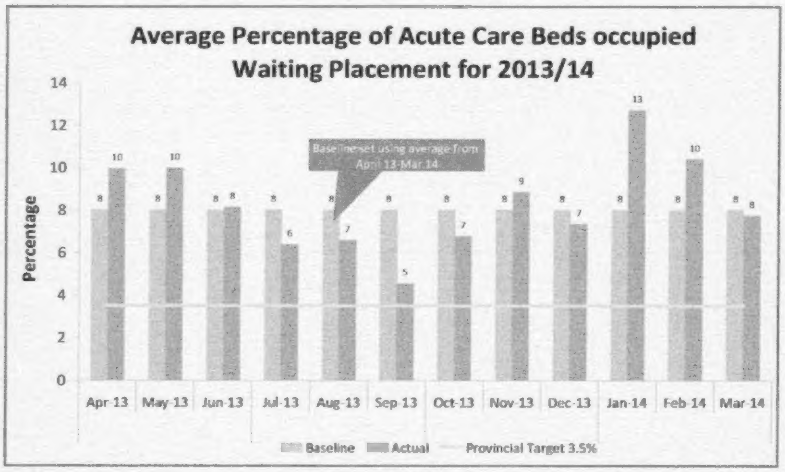
Patient in respite for extended amount of time

- PNRHA was successful in achieving its target of clients beginning to receive the services for which they were assessed in no more than five days after assessment of the client's needs was conducted. The graph (right) shows that in all but one month (the same exception illustrated in the graph above), service was on average initiated for clients in fewer than five days - generally within three days.


Regional Average Number of Days from Assessment Performed to Service Initiated 2013-14

Goal is 5 days

- Prairie North RHA remains challenged to reduce the average number of clients in acute care beds while waiting for placement in long-term care. While the provincial target is a maximum of 3.5% of acute care beds occupied by clients waiting placement, more than double that percentage of PNRHA hospital beds most months were occupied by clients waiting LTC placement. PNRHA continues to work toward the target, focusing on enhanced community supports and development of two new LTC facilities with additional bed capacities in Meadow Lake and Lloydminster AB.


Average Percentage of Acute Care Beds occupied Waiting Placement for 2013/14

Baseline set using average from April 13-Mar 14

Additional Supports for Seniors:

- In its 2013-14 budget, Prairie North Regional Health Authority emphasized its commitment to enhanced support for seniors care *(PNRHA News Release, May 29, 2013)*. The RHA designated $500,000 - one-third of its total $1.5 million in new spending for the year - toward improving Long-Term Care.
  - The $500,000 was used to enhance care and safety for LTC residents, by adding approximately 10 full-time equivalent (FTE) front-line care positions in the RHA's long-term care homes.
- In late October 2013, PNRHA undertook a second significant new initiative toward enhancing the quality of life, care and safety for LTC residents, for their family members and friends who come to visit, and for the employees who provide the care and service. The RHA's Board and administration planned and committed to $180,000 in improvements to Jubilee Home LTC facility in Lloydminster *(PNRHA News Release, December 6, 2013)*.
  - All 50 resident rooms, plus hallways, and four common rooms are being upgraded to improve the overall living and working environment, strengthen resident and staff safety and infection control, enhance comfort for residents and staff, and improve the aesthetics and atmosphere for all residents, families, visitors, and staff. The project has the full support of Jubilee Home's new Resident and Family Council.
- PNRHA wholly supported and assisted in the further development or initiation of Resident and Family Councils (RFCs) in each of its LTC facilities *(PNRHA News Release March 27, 2014)*.
  - RFCs are now active in all PNRHA LTC sites. Common Terms of Reference have been adopted and Councils follow a common agenda focusing on resident/family concerns, and RHA accountability.
  - Staff and managers regularly attend their facility's RFC meetings to hear concerns, answer questions, and share information. PNRHA Senior Leaders and Board members attend to hear first-hand from residents and family members about issues and areas for improvement in their respective facilities.
- PNRHA was allocated $570,000 in December 2013 under the provincial Long-Term Care Urgent Issues Action Fund (UIAF) to address pressing quality of care needs in LTC facilities, as identified through Ministry-directed RHA CEO visits to LTC facilities in the spring of 2013. *(Ministry of Health News Release, December 6, 2013)*. In Prairie North Health Region, the funds supported:
  - Employee education and training in the Gentle Persuasion Approach to providing better care for LTC residents, particularly those with dementia.
  - Purchase of priority capital and safety equipment including patient lifts and monitors to improve resident care and aid staff in spending more time on direct client care.
  - Enhancement of recreational program staffing to improve standards of resident recreation and quality of life in all 13 PNRHA LTC facilities.
  - Provision of WiFi internet access in LTC sites to enhance resident quality of life.

First Link Premier lien

- PNRHA partnered with the Alzheimer Society of Saskatchewan (ASOS) to expand its First Link program to Prairie North. The Prairie North Resource Centre officially opened January 15, 2014 at Battlefords District Care Centre. First Link connects individuals and their families to ASOS for services and support as early as possible following a diagnosis of Alzheimer's disease or other dementia.

Celebrating the Grand Opening - Prairie North Resource Centre

(From left) Joanne Michael, Program Services Manager ASOS; Corey Tocher, MLA; Joanne Bracken, CEO ASOS; Ian Hamilton, Mayor, City of North Battleford; Lionel Chabot, VP Finance & Operations, PNRHA; and Jim Walls, First Link Coordinator, Prairie North Resource Centre, ASOS.

System Five-year Improvement Target:

- **By March 2017, reduce by 50% individual readmissions within 30 days (mental health inpatient and acute care units).**

PNRHA Hoshin/Project: Decreasing Long-Stay Admissions in Mental Health Unit

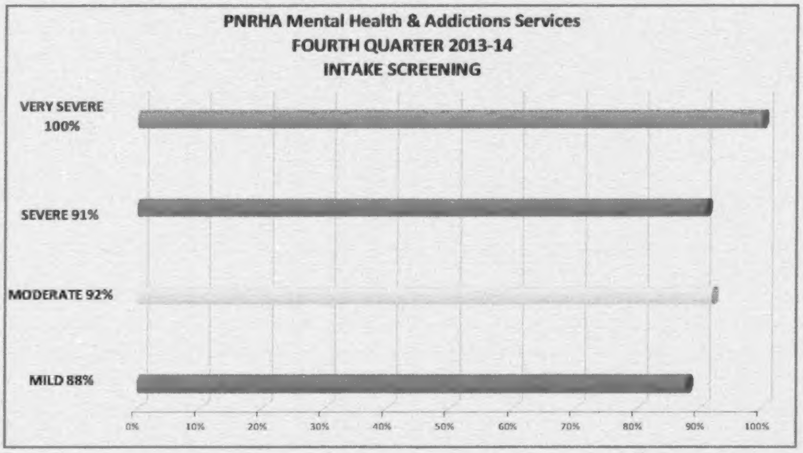
Problem Statement	**Target Statement**
As result of wait times, adults, children and youth attempting to access mental health and addictions services may experience undue pain and suffering including: hospitalization, self harm, substantial deterioration, incarceration, impaired functioning, family dysfunction, increased morbidity, symptomatolgy.	By March 31, 2014: • The province will have a finalized plan for an integrated mental health and addictions information system. • Wait times for outpatient mental health and addictions services will meet provincial standards. • Intake process will be standardized across the Region. • Measurement tools will be used in a consistent and standardized manner in order to effectively manage and monitor wait times.

Results:

- Representatives from PNRHA participated in separate provincial clinical and business working groups toward development of an integrated mental health and addictions information system. Such a system is not yet in place across Saskatchewan. Mental Health and Addictions Services continues to function with two separate information systems that do not interface, continuing to pose challenges in the efficient and accurate coordination of data and information.
- PNRHA achieved its goal of ensuring a standardized intake process is used across the Region to determine clients' risk and need in accessing mental health and addiction services. A single screening tool is used in Prairie North and across the province. Consistent use of the standardized intake tool supports PNRHA's work toward improving client access to the services they need.

Measurement Results:

- PNRHA achieved its target of meeting provincial standards in wait times for clients to receive outpatient mental health and addictions services. Clients assessed with very severe needs are to be seen within 24 hours. Those with severe needs are to be seen within five working days. Clients determined to be in moderate need are to be seen within 20 working days; and clients assessed with mild needs are to be seen within 30 working days.
- As the graph (right) shows, 100% of Prairie North Mental Health and Addictions Services clients assessed with very severe needs received care within 24 hours. Ninety-one per cent (91%) of clients assessed with severe needs were seen within five working days; 92% of clients assessed with moderate needs were seen within 20 working days; and 88% with mild needs received care within 30 working days.



- The data shown *(in the graph on the previous page)* is for January 1- March 31, 2014. While Prairie North began reporting its status toward the targets in June 2013, confidence in the reliability of the data was not strong due to barriers around data collection and entry, and consistency in use of the intake screening (triage) tool. By October 2013, improvements in all three areas resulted in reliable data that showed 100% achievement in very severe and severe cases; 99% in mild cases; and 92% in moderate cases.

Saskatchewan Hospital

Prairie North Regional Health Authority operates Saskatchewan Hospital on behalf of the Ministry of Health to serve patients from across the province who need longer term psychiatric rehabilitation and whose needs cannot be met in local inpatient mental health facilities *(PNRHA 2013-14 Accountability Document).*

SHNB, as it is commonly known in reference to 'Saskatchewan Hospital North Battleford', currently functions with 156 beds including a 24-bed Forensic Unit - home to the province's Forensic program.

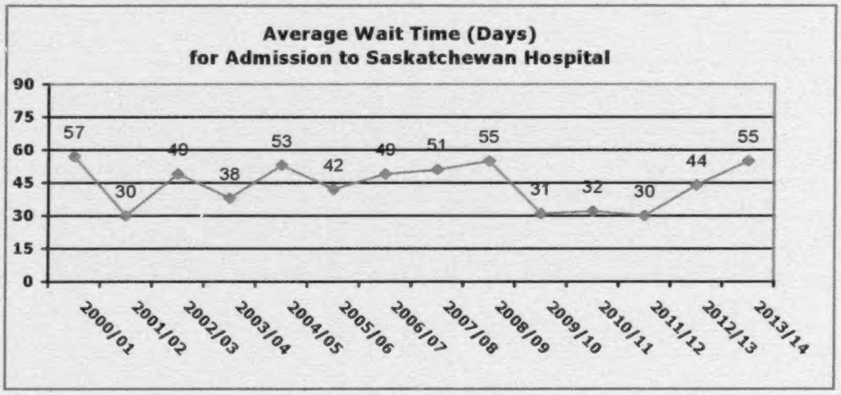
Individuals with complex needs are also cared for at Saskatchewan Hospital.

Results:

- In 2013-14, 179 clients were admitted to SHNB, 134 (75%) of whom were admitted to the Forensic Unit.

Measurement Results:

- SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions.
- The average wait time for admission to SHNB was 55 days in 2013-14.The wait time does not include admissions to the Forensic Unit. Individuals are admitted to Forensics by order of the Justice system. Wait times for admission to the Forensic Unit are minimal.
- The average wait time for all other admissions to SHNB varies from year to year, depending on factors such as the availability of beds for placements, progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities
- As the graph (right) illustrates, the average wait time for admission to SHNB has risen over the past two years to the level last seen in 2008-09. Contributing to the higher wait time have also been increases in the number of patients referred to Saskatchewan Hospital and the number accepted, as well as an increase in the number of patients admitted on long-term orders.



- Improvement in reducing the length of stay in Saskatchewan Hospital for patients with severe and complex mental health issues is contingent on development of appropriate resources in communities throughout the province, to where the clients can go.

Saskatchewan Hospital
100th Anniversary

A Century of Caring

Hundreds of patients and families, past and present staff members, and residents of the community gathered at SHNB July 12-14, 2013 for a weekend celebration of the first 100 years of Saskatchewan Hospital.

PNRHA thanks the many current and former SHNB staff members and volunteers for organizing and making the celebrations a huge success!

Thank you to all who attended, many of whom came from great distances.

PNRHA joins you in ***Looking Forward to the Next 100 years.***

(Photo Courtesy Battlefords News-Optimist)

Premier Brad Wall (right) and PNRHA CEO David Fan (left) joined SHNB History Book Committee members (back row from left) John Yarkse, Dorothy Edworthy, Jane Shury, Linda Lewis and Frank Simpson for launch of the SHNB commemorative book.

From left: Frank Simpson, Reunion Banquet MC and former SHNB Executive Director; Scott Moe, MLA, Government of Saskatchewan; Dr. John Gray, Guest Speaker and former SHNB Executive Director.

Wagon tours of the SHNB grounds (left)

Guests at the Reunion Banquet (below).

Better Care

In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, all people have access to appropriate, safe and timely surgical and specialty care (cancer, specialist, and diagnostics) as defined by the improvement targets.

System Five-year Improvement Targets:

- **By March 2014, all patients have the option to receive necessary surgery within three months.**
- **By March 2015, all cancer surgeries or treatments are done within the consensus timeframe from the time of suspicion or diagnosis of cancer.**

System Hoshin

Transform the patient experience through sooner, safer, smarter Surgical Care.

PNRHA Hoshin/Project:
Transform the patient experience through sooner, Safer, Smarter Surgical Care

Problem Statement	Target Statement
• The Saskatchewan health system does not consistently meet the needs of surgical and cancer patients. Patients often wait too long, whether it is a specialist visit, diagnostic and laboratory testing, surgery or chemo/radiation therapy. • Patients have also identified safer surgical care, system efficiencies and patient satisfaction with their experience as high priorities for improvement. There is considerable variation in the care patients receive. Some testing and treatments may not be appropriate.	We are committed to improving quality of patients' lives, decreasing risk of injury/infection/death, increasing staff/physician and patient satisfaction, and optimal use of available resources. We will identify a transition plan from the SkSI to independent PNRHA operations post March 31, 2014. We want to provide patients with the right surgery to support their best outcome, in the right timeframe, and in a safe manner. • All patients have the option to receive necessary surgery within three months. • 85% of patients with invasive cancer have the option for treatment (surgery, chemo, radiation) within three weeks from the time of diagnosis. • 100% surgical site infection bundle compliance. • 100% of providers will take training related to new pathways. • 90% of OR nurses have perioperative training. • 2-4 surgical specialist groups will implement pooled referrals. • Patients to receive post-surgical experience surveys in collaboration with HQC.

SOONER
SAFER
SMARTER

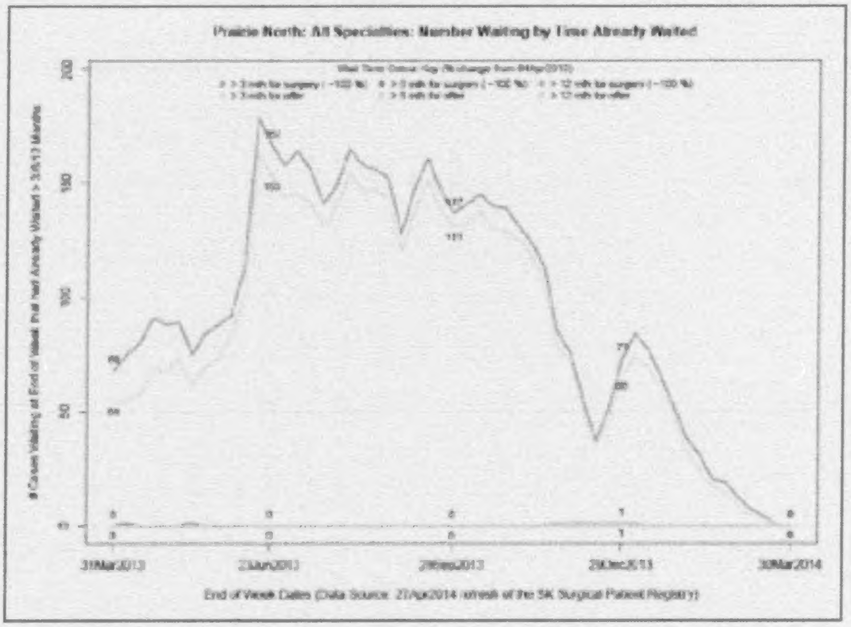
Saskatchewan
Surgical Initiative
putting the Patient First

Results:

- As of March 31, 2014, Prairie North RHA met its target and the provincial target of all patients having the option to receive necessary surgery within three months *(see Measurement Results, below)*. Prairie North performed all of these surgeries in less than three months.
- In 2013-14, Prairie North completed 7,021 surgeries equaling 98% of the province's target of 7,143 surgeries for the RHA. Significant challenges including closures of OR theatres related to high humidity and essential maintenance repairs impacted PNRHA's ability to fully meet its targeted number of surgeries for the year. The excellent cooperation of the RHA's surgical teams and facility maintenance staff was instrumental in the 98% achievement.
- Prairie North is pleased to report that 100% of patients with invasive cancer continue to be able to receive their surgery within three weeks of diagnosis.
- Prairie North surgical sites report 100% compliance with completion of the Surgical Safety Checklist. In this process, the surgical team gathers around the patient to confirm that all components of this detailed check-list are completed. This contributes to the safety of the surgical experience and is a valuable enhancement to patient care. These results are monitored provincially.
- PNRHA is working with the provincial surgical oversight committee to develop an electronic audit for prevention of surgical site infections. The practices that have been identified for audit include maintaining satisfactory body temperature, administering antibiotics, implementing new guidelines for skin preparation and hair removal, and monitoring of blood sugar.
- Prairie North RHA continues to support regular intake for training of Operating Room staff from all three of our surgical sites (Battlefords Union Hospital, Lloydminster Hospital, and Meadow Lake Hospital) in the SIAST perioperative education program. Nine-two per cent (92%) of PNRHA's OR nurses have completed the training.
- The RHA has developed a post-surgical patient satisfaction questionnaire, preliminary results for which are very positive. The data will continue to be collected, with the intent to report results in the coming year. The questionnaire is also being used in all clinical areas in Battlefords Union Hospital, Lloydminster Hospital, and Meadow Lake Hospital.
- PNRHA continues to work toward having more surgical specialist groups participate in the practice of pooling new patient referrals to improve timely access to specialist services.

Measurement Results:

- The graph (right) illustrates that Prairie North Regional Health Authority achieved success in transforming the patient surgical experience and reducing surgical wait times. By year end, no patients waited longer than three months to receive necessary surgery.
- The numbers illustrate snapshots of the number of patients waiting for surgery in PNRHA operating rooms as of specific quarterly dates, including at March 30, 2014.



System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, no patient will wait for care in the Emergency Department (ED).

System Five-year Improvement Targets:

- **By March 2015, decrease by 50% the wait time in the ED.**

PNRHA Hoshin/Project:
Improving Patient Flow and Discharge Planning in the Emergency Department

Problem Statement	Target Statement
• Congested Emergency Department due to lack of beds to assess patients. • Admitted patients occupying beds in the Emergency Department. • Extensive wait time for patients to see a physician in ED.	• By March 31, 2014, 100% of PNRHA providers working in ED will be trained in the Canadian Triage and Acuity Scale (CTAS). • By March 31, 2014 wait times for CTAS 4s & 5s will be reduced by 50%. • By December 31, 2013 CTAS Level 4s & 5s seen in ED will be reduced by 25%. • By December 31, 2014 patient satisfaction survey will be improved by 25%. • By March 31, 2014 wait time from disposition to admission to unit will be less than 6 hours.

Results:

- PNRHA achieved its target of 100% of its ED healthcare providers trained in CTAS and recognizes the need for ongoing education as essential.
- Work began toward reducing the wait times for ED patients assessed as Level 4 or 5 according to CTAS. Work continues aimed at meeting the targeted 50% reduction in 2014-15.
- PNRHA achieved its target of a 25% improvement in patient satisfaction with the Lloydminster Hospital Emergency Department, according to patient surveys.
- Work began toward the initial target of a six-hour maximum wait time for ED patients requiring hospital admission to be admitted to an inpatient bed. The target was more clearly defined before year end, restated as "85% of patients will be admitted in five hours from ED to an inpatient bed". Work continues aimed at meeting the revised target in 2014-15.
- Prairie North RHA achieved all action items detailed in its ED Hoshin project plan:
    - A Regional ED Resource Team was developed. Team members include nurse managers and directors of acute care from Lloydminster, Battlefords Union, and Meadow Lake Hospitals; the director of rural facilities; and EMS and primary care representatives. The team meets quarterly and has developed and implemented Regional policies and initiatives.
    - A Regional Overcapacity Protocol has been developed and implemented in Battlefords Union, Lloydminster, and Meadow Lake Hospitals. The policy addresses bed flow and capacity issues by focusing on flow before overcapacity occurs. This dramatically reduces the need for diversion of patients to other facilities or for bed closures.
    - Aimed at quality improvement (QI) and using Lean QI tools, value stream maps and Rapid Process Improvement Workshops (RPIWs) have been completed at each ED, providing staff with a base of knowledge from which to improve patient care.
    - Kaizen improvement work has been conducted in relation to timeliness of specialist consults within the ED. Timely assessment by consulting specialists greatly impacts patients' wait in an Emergency Department. This has improved and is being monitored. The expected outcome is that 90% of patients will be seen by the specialist within two hours of the consult being requested.

- Home Care assessors have been introduced as a pilot project *(see 'Results', first bullet, page 14)* in Battlefords Union and Lloydminster Hospitals. Some success has been achieved: six admissions to acute care were avoided at BUH and one was avoided at LH. More experience with and awareness of the pilot project is anticipated to generate more referrals to the service, proving valuable in reducing admissions to acute care and improving patient flow.

Measurement Results:

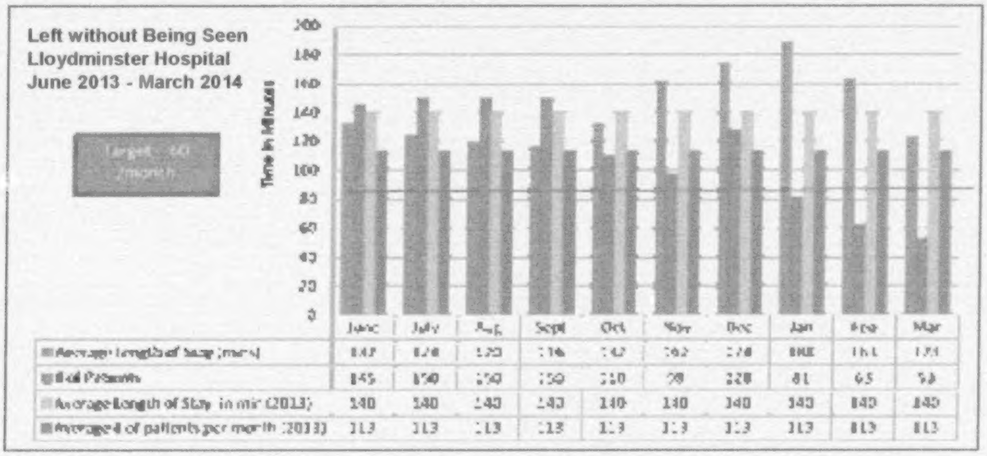
In June 2013, PNRHA launched its new clinical documentation and patient tracking system known as Sunrise Clinical Manager (SCM) in the Emergency Department of Lloydminster Hospital. The new computer-based system has been or is being implemented in hospitals and health regions across Saskatchewan as the province and eHealth Saskatchewan move toward electronic patient records.

SCM is ultimately aimed at improving patient outcomes and the patient experience, as well as clinical performance and clinician satisfaction. SCM also facilitates access to timely, accurate measurement results and reports that support performance analysis and continuous quality improvement.

With SCM, Lloydminster Hospital is now able to access timely data and information on key measures of performance. Measurement results from SCM are available for the ED as of the June 2013 launch of the program in Lloydminster Hospital.

SCM is scheduled for launch in the Battlefords Union Hospital Emergency Department in May 2014, followed by implementation in Meadow Lake Hospital. Timeframe for the Meadow Lake installation has yet to be determined.

- Success was achieved at Lloydminster Hospital in reducing the number of patients who left the ED without being seen. As the graph (below) shows, in June 2013, 145 patients left the ED without seeing a healthcare provider. By the end of March 2014, the number had fallen by 63%, to just 53 patients who had left without being seen.



- Prairie North made progress toward its goal of reducing by 25% the number of CTAS Level 4 & 5 patients seen in the RHA's Emergency Departments.
  - At Lloydminster Hospital at the start of the year, 80-85% of patients seen in the ED were triaged as Level 4 & 5. By year end, that percentage had been reduced to 65%.
  - Data collected to date is showing improvements in lowering the percentage of CTAS Level 4 & 5 patients seen in the EDs at Battlefords Union and Meadow Lake Hospitals.
  - The achievements are attributed to successful recruitment of and greater access to Primary Care physicians.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, a culture of safety will be established with a shared ownership for the elimination of defects (uncorrected errors).

System Five-year Improvement Targets:

- **By March 2017, develop and implement a provincial Safety Alert/Stop the Line System.**
- **By March 2017, there will be zero patients who experience a medication defect.**
- **By March 2017, there will be zero patients who experience a preventable surgical site infection (SSI) from clean surgeries (National Healthcare Safety Network (NHSN) class I, II).**

System Hoshin
Safety Culture: Focus on Patient and Staff Safety.

PNRHA Hoshin/Project: Patient Safety	
Problem Statement	**Target Statement**
• Medication Reconciliation (Med Rec) is both a Required Organizational Practice (ROP) and a provincial priority. • Our current Client Occurrence Safety Reports (COSRs) are manually intensive, not time effective; nor are results communicated to staff in a timely or meaningful way. • Patients/residents experience harm in all health-care settings: preventable, adverse events are unacceptable in a culture of safety. Approximately 25% harm is related to medication defects. In Saskatchewan, this is estimated to be 1,300 - 1,500 events per year in hospitalized patients. Long-Term Care residents and people in the community also experience adverse drug events.	• To develop and implement a Safety Alert/Stop the Line System by March 31, 2014. • By March 2017, there will be zero patients who experience a medication defect. • By March 2014, Med Rec will be undertaken at all admissions and transfers/discharges to, within, and from acute care. • By March 2014, Med Rec will be undertaken at all admission and transfers/discharges to within, and from Long-Term Care. • By March 2015, Med Rec will be undertaken at all admissions and transfers/discharges to and from the community (Home Care).

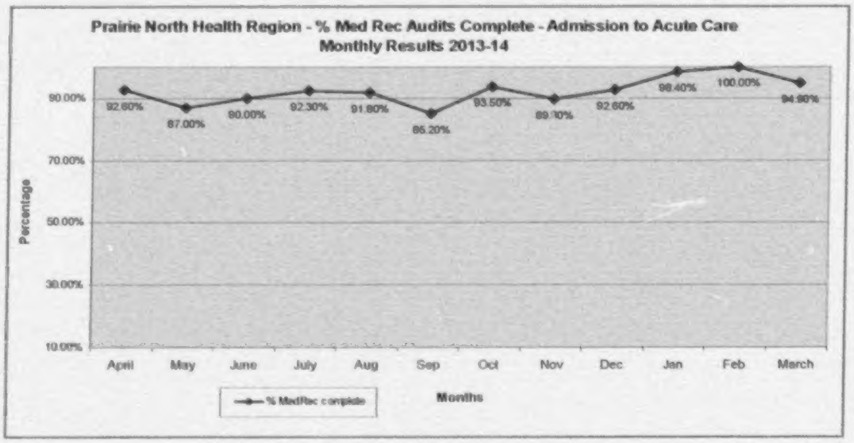
Results:

- A Safety Alert/Stop the Line System is being developed at the provincial level and will be rolled out in stages across the province.
- PNRHA continues initiatives toward elimination of medication defects. Mistake-proofing projects have been undertaken regarding medication errors. Focus remains on improving compliance in use of correct abbreviations for medication orders.
- Implementing and ensuring a thorough medication reconciliation is completed for each patient at admission and discharge is an ongoing process within Prairie North. Making sure it is done properly is vital for the safety of our patients.
    - Medication reconciliation on admission is undertaken in all PNRHA acute care hospitals, long-term care facilities, and integrated care sites. Auditing is to be conducted at each of PNRHA's five acute care sites, eight long-term care facilities, and five integrated facilities on a regular basis to determine the number of patients on which Med Rec was complete.
    - Medication reconciliation is also done throughout the RHA's Home Care program, with audits completed on a monthly basis.
    - PNRHA did not achieve its target of fully implementing Med Rec at transfer and discharge points. Work will continue in 2014-15.

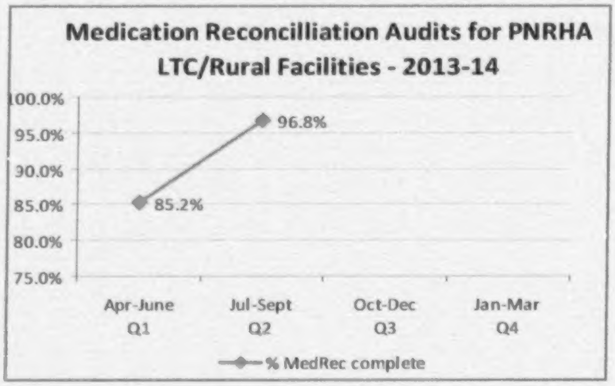
Measurement Results:

- Prairie North Regional Health Authority continued to achieve improvement in medication reconciliation on admission to its five acute care sites. The graph (below) shows the monthly percentages where Med Rec was complete in the acute care facilities combined: Lloydminster Hospital, Battlefords Union Hospital, Meadow Lake Hospital, Riverside Health Complex in Turtleford, and Maidstone Health Complex.

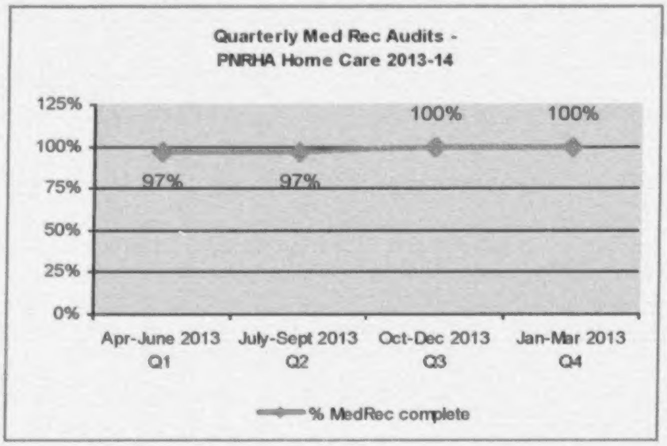
Over the year, Med Rec compliance on admission to acute care ranged from a low of 85.2% to a high of 100%. This is an improvement over 2012-13 where Med Rec on admission to acute care began at 67.8% completion and reached a high of 94%. Auditing for compliance of Med Rec on admission is completed on a monthly basis. This helps ensure that Prairie North continues to strive for 100% of its patients receiving medication reconciliation on admission.


Prairie North Health Region - % Med Rec Audits Complete - Admission to Acute Care
Monthly Results 2013-14

- Prairie North RHA encountered challenges in the last half of 2013-14 in conducting Med Rec audits on admission to Long-Term Care. Complete data is available for the first two quarters of the year only. After achieving near perfect compliance in 2012-13, the percentage of medication reconciliation on admission to LTC and PNRHA's integrated rural facilities fell to 85.2% in the first quarter of 2013-14. Substantial improvement returned the audit result closer to past levels, at 96.2% in the second quarter. Complete Med Rec on admission data for LTC and rural facilities together is anticipated to be available in the year ahead.


Medication Reconcilliation Audits for PNRHA LTC/Rural Facilities - 2013-14

- Over the past year, PNRHA's Home Care program maintained near perfect compliance with the 100% target of medication reconciliation for patients on admission to the program. The achievement is an improvement over the previous year's levels that ranged from a high of 92.1% to a year-end low of 81.3%. Staff education was undertaken to increase compliance with Med Rec. The results are excellent. Monitoring and evaluation will continue.


Quarterly Med Rec Audits -
PNRHA Home Care 2013-14

Better Value

Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, as part of multi-year budget strategy, the health system will bend the cost curve by lowering status quo growth by 1.5%;

and

that by March 2017, all IT, equipment and infrastructure will be coordinated through provincial planning processes to ensure provincial strategic priorities are met.

System Five-year Improvement Targets:

- **By March 2017, all key infrastructure (IT, capital, facility renewal) will be coordinated, integrated and delivered on a provincial basis.**
- **By March 2014, eHealth and 3sHealth will work in partnership with key stakeholders to develop a strategy to integrate Information Technology (IT)/Information Management (IM) services throughout the health system.**

PNRHA Hoshin/Project: Right Information, Right Place, Right Time	
Problem Statement	**Target Statement**
• Current situation is that time is wasted looking for information on the network, local drives, as paper copies, and on our Intranet (MARS). Even when the information is found, staff members do not know if they have the current copy or the correct information. With multiple copies of the same information continually circulated, our data management is very poor. This also wastes network space and builds complexity in our backup and recovery systems. • Staff are not educated on data management, policies, or procedures so they feel frustrated, disengaged, and "give up" looking for information, resulting in re-work and duplicate copies. • Moving forward on this project to expand the implementation and use of Microsoft SharePoint throughout our environment will provide the foundation for information sharing, collaboration, and document management that is essential in today's information age.	• Reduced/eliminated search time to find the right information with greater staff satisfaction (decreased frustration). • Better patient care (Right Information at the Right Time in the Right Place). • Better patient experience (less waiting). • Increased security (through this project we can utilize role-based access, further restricting information access). • Standard naming conventions for electronic documents (Meta-tag). • Version control - structure in which the data will be stored. • Maintenance of data and data ownership (sustainability of data structure) including IT and business governance. • Staff are trained on document management.

Results:

- Six months into implementation of this breakthrough initiative, PNRHA realized that many other core IT services needed to be in place before the organization could focus on the actual migration and centralization of the data.
    - We realized that the server environment needed to be upgraded to the recently released version of SharePoint so we could fully utilize many of the built-in tools.
    - We realized that the value was not in centralization of the data, but in making the existing data located on many data sources easily searchable.
    - A final core finding was the established difference between SharePoint team site and published sites. We were focusing all our efforts on trying to make all data in the RHA follow a stringent naming and classification standard when in reality, a majority of the data resides at a team site level where these standards do not have to exist.
- Keys to success include maintaining focus on the Right Information, Right Place, Right Time vision, while having the ability to identify and adapt to opportunities that get PNRHA to its end goal.
    - Prairie North now has a SharePoint 2013 Enterprise Server Farm fully functional with an Enterprise search engine that will be able to provide all PNRHA staff easier, quicker and more accurate searches. This means staff will spend less time looking for the right information and more time with patients, residents, and clients.
- Prairie North RHA continues to play a leading role in partnership with eHealth, 3sHealth and other RHAs in development of a an IT/IM strategy for the health sector. A provincial group is working on a provincial IT/IM roadmap and direction. All health organizations are represented to support the IT/IM vision of *"Better health by empowering patients and enabling providers with the right information at the right time through a provincially standardized system that is sustainable and secure".*

System Five-year Improvement Target:

- **By March 2015, shared services will improve quality while achieving $100 million in accumulated savings.**

Results:

PNRHA is an active participant in 3sHealth. Health Shared Services Saskatchewan (3sHealth) was established in 2012 through a partnership between the health regions and Saskatchewan Cancer Agency (SCA) to provide shared administrative and clinical support services. By sharing services, the health regions, SCA, and other healthcare partners can provide better quality of care to patients and families. At the same time, the healthcare system can leverage shared services to reduce costs and redirect savings back to patient care.

Alongside the health regions, 3sHealth celebrated the following key achievements in 2013-14:

- Establishing a linen services agreement that will create a long-term, sustainable solution for healthcare linen services throughout the province, improving the patient experience, ensuring patient and worker safety, and capturing $98 million in savings over 10 years.
- Leveraging of group purchasing contracts to increase the health system's buying power through provincial and national procurement contracts for clinical supplies and services, resulting in new available savings of $7.8 million.
- Completing the Gateway Online project, which provides all employees in the Saskatchewan health sector with access to personal employment information in a centralized digital space.
- Exceeding our $10 million annual provincial savings target, producing cost savings for the provincial health-care system totalling over $23 million.

In 2013-14, 3sHealth focused on identifying opportunities for improvement that will enhance quality of care and lower the cost curve for the system. As part of this work, 3sHealth explored potential shared services in key areas including medical imaging, medical laboratory services, information services/information management, transcription services, enterprise risk management, supply chain and environmental services.

Through ongoing collaboration with our health regions and SCA partners, 3sHealth has exceeded $93 million in total savings, and is ahead of schedule in the goal of achieving the $100 million five-year target.

System Five-year Improvement Target:

- **By March 2017, all key infrastructure (IT, capital, facility renewal) will be coordinated, integrated and delivered on a provincial basis.**

Results:

- Prairie North Regional Health Authority continues to work with the local community and the Ministry of Health toward construction of a new Long-Term Care facility to replace Northland Pioneers Lodge in Meadow Lake *(PNRHA 2013-14 Budget News Release May 29, 2013)*. PNRHA is optimistic that outstanding matters around transfer of title to the approximate 10 acres of land on which the LTC home will be built and funding support from the community will be resolved early in 2014-15, enabling the project to proceed. A local fundraising group has been established and is actively raising dollars toward the cost of furnishings and equipment necessary for the new facility.
- Construction is nearing completion on the new 60-bed LTC facility on the Alberta side of Lloydminster to replace a portion of the Dr. Cooke Extended Care Centre (DCECC). The project is that of the Province of Alberta, with occupancy expected in the fall of 2014. PNRHA operates the existing DCECC on behalf of Alberta, as part of Prairie North's Continuing Care Program.
- Development of a new Primary Health Centre in the former Lloydminster & District Co-op Plaza in the down-town section of the city is underway. PNRHA purchased the site in July 2013. Renovations are to be completed in the year ahead *(See Lloydminster PHC Innovation Site, page 13)*.
- PNRHA proceeded with the $1.8 million major replacement of the air conditioning system at Battlefords Union Hospital *(PNRHA 2013-14 Budget News Release May 29, 2013)*. The final piece of the project will be complete in 2014-15.
- Prairie North RHA continues to work toward relocation and redevelopment of the Intensive Care Unit (ICU) at Battlefords Union Hospital and the related development of a dedicated endoscopy suite *(PNRHA 2013-14 Budget News Release May 29, 2013)*.
- Development of an ICU and a third operating room at Lloydminster Hospital remain priorities *(PNRHA 2013-14 Budget News Release May 29, 2013)*. A 3P design event was held in 2013-14 to develop a model for the ICU. Planning for the third OR theatre project at Lloydminster Hospital carries forward into the coming fiscal year.
- In June 2013, PNRHA marked completion of a $3.5 million project with SaskPower to make energy efficiency upgrades to the Region's healthcare facilities. Improvements included a wide range of work, from upgrading window seals in select facilities to upgrading lighting and heating, ventilation and air conditioning systems in others. The project was intended to reduce energy consumption and save nearly $300,000 annually in utility costs and operational efficiencies.

Saskatchewan Hospital Redesign

Prairie North Regional Health Authority moved solidly forward in 2013-14 with planning for replacement of Saskatchewan Hospital, following through on commitments from the Government of Saskatchewan and Ministry of Health *(Health Budget News Release March 20, 2013)* and Prairie North Regional Health Authority *(PNRHA Annual Report 2012-13).*

The RHA conducted three SHNB 3P planning events in North Battleford involving patients, Saskatchewan Hospital staff and physicians, Prairie North senior leaders and Board members, architects, mental health consultants, Ministry of Health and Ministry of Justice officials, and other key partners.

3P stands for *production preparation process* and is a Lean design methodology required to be used in Saskatchewan's health system for development of all major capital facility projects. The goal is to ensure quality, safety, flow and efficiencies are built into the new design. Each 3P was a week-long event, preceded by two separate three– to five-day data and information collection events to support the work of the 3P teams.

Results of the 3Ps will help inform development of a building design that will provide a better service for clients in a new Saskatchewan Hospital by identifying improvements that can be made in programs, services and the environment to improve flow in the continuum of mental health services delivery for patients.

- **SHNB 3P #1**: June 3-7, 2013
  Short-Term Psychiatric Rehabilitation Services and Extended Rehabilitation Services

A look at the activity of the first SHNB 3P.

- **SHNB 3P #2**: July 29-Aug 2, 2013
  Forensic Services and Therapy Services

Team members and results from the second SHNB 3P.

- **SHNB 3P #3**: Feb 24-28, 2014
  Support Services

Health Minister Dustin Duncan was present to see the results of the third SHNB 3P.

Better Teams

Build safe, supportive and quality workplaces that support patient– and family-centred care and collaborative practices, and develop a highly skilled, professional and diverse workforce that has a sufficient number and mix of service providers.

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, a culture of safety will be established with a shared ownership for the elimination of defects (uncorrected errors).

System Five-year Improvement Target:

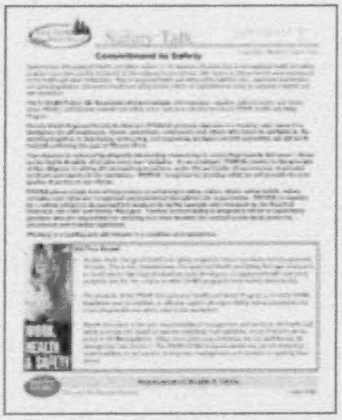
- **By March 2017, there will be zero workplace injuries.**

System Hoshin
Safety Culture: Focus on Patient and Staff Safety

PNRHA Hoshin/Project: Workplace/Employee Safety	
Problem Statement The injury rate in the healthcare sector is 75% greater than the average for all industries in Saskatchewan for 2011. Healthcare workers in Saskatchewan missed 61,790 days of work due to injuries in the workplace in 2011. This is equivalent to 309 full-time vacant positions. PNRHA in 2012 had 168 time loss injuries and for the third quarter of the 2012-13 fiscal year, reported the highest time loss injury rate of all health regions in the province. These injuries impact the injured worker, his or her family, community, co-workers, workplaces and patients when the injured worker is no longer there to care for them. This is the reason why PNRHA must continually strive toward Mission Zero and the elimination of workplace injuries. PNRHA requires a strong safety culture to reduce and eliminate workplace injuries. A safety culture consists of shared beliefs, values, behaviours and attitudes in an organization. It is the way safety is perceived, valued and prioritized in an organization. • It reflects the real commitment to safety at all levels in the organization. • Health and safety does not exist in a vacuum isolated from other aspects in the organization; therefore, it must become a part of the overall organizational culture. • Employee health and safety affects the provision of safe patient care.	**Target Statement** • Reduce workplace injuries by 25% by March 2014 to incrementally meet the target of reducing workplace injury rates to zero by 2017. • Implement recommendations from the Provincial Safety Management System (SMS) self-assessment as completed March 31, 2013.

Results:

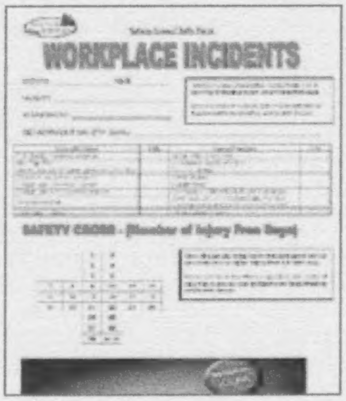
- Prairie North RHA implemented the recommendations stemming from its self-assessment under the provincial Safety Management System as completed at the end of March 2013. An implementation plan was developed and implemented toward achievement of all necessary components of the SMS:
    - A statistical summary of workplace incident reports is distributed to PNRHA Senior Leadership and Management on a weekly and monthly basis, in addition to the quarterly Regional and facility-specific reports.
    - Weekly Transfer, Lift and Repositioning (TLR) Tips and Weekly Safety Talks were developed and implemented across the Region. Random monthly audits show that 98% of PNRHA out-of-scope (OOS) managers are utilizing the Safety Talks in their program areas.
    - Policies and procedures were revised as required through the Occupational Health Committee (OHC) three-year Regional Master Plan, with staff education complete or pending.
    - A Respiratory Fit Testing Train-the-Trainer program was developed and launched. This training was previously contracted to an outside safety company.



Safety Talk

Commitment to Safety

- Prairie North RHA fully achieved all but one of its action items detailed in its Workplace/Employee Safety Hoshin project plan:
    - The three-year OHC Regional Master Plan was revised and includes an improved process to strengthen tracking of outstanding recommendations.
    - An internal Safety for Supervisors training program was developed and implemented. Feedback on the program has been positive and attendance high.
    - Workplace incident reporting through utilization of a standard Safety Cross Tally report form has been incorporated into daily management within the health region. Monthly OOS manager audits show 96% compliance with the requirement to use and post the Safety Cross Tally. Departments are also required to establish and monitor progress toward achieving annual safety goals.
    - The RHA's facility with the highest rate of TLR injuries was selected to identify areas for improvement and develop strategies to eliminate TLR injuries. Manager and staff interest in and support of the work was high. Changes to workflow and equipment were made as a result of on-site ergonomic assessment in laundry, housekeeping, dietary and nursing departments. Consultation, training and education with staff were conducted.



WORKPLACE INCIDENTS

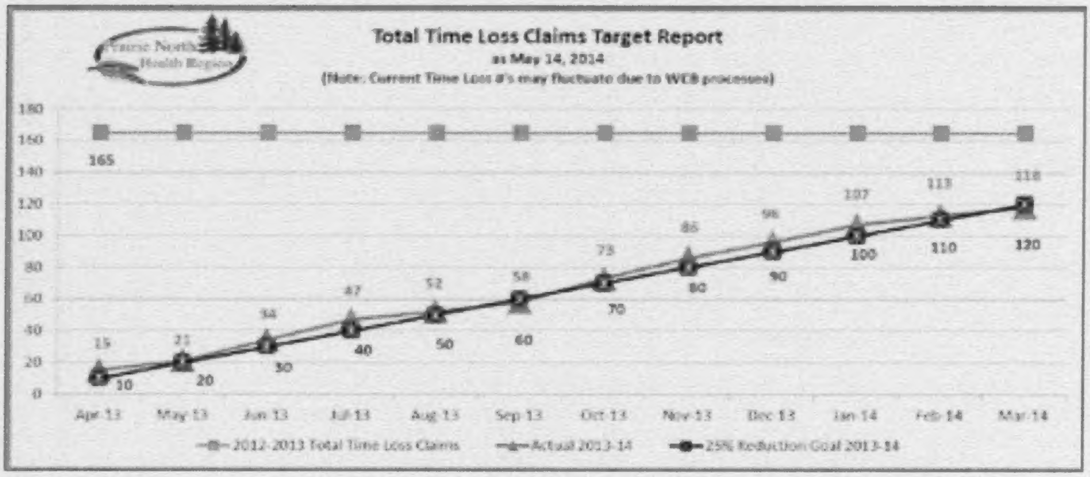
SAFETY CROSS - (Number of Injury Free Days)

    - Progress toward completing Job Safety Analysis (JSA) continues to be made. By year end, JSAs for 35 of 44 high risk jobs in the Region have been completed.
    - A structured centralized Regional Claims Management and Return to Work (RTW) program has been developed and implemented across Prairie North, with the exception of Dr. Cooke Extended Care Centre. Processing of DCECC claims cannot be incorporated into the program due to a separate outdated payroll system for the Alberta facility. PNRHA physicians received information and education on their role in the RTW process.

Measurement Results:

Total Time Loss Claims

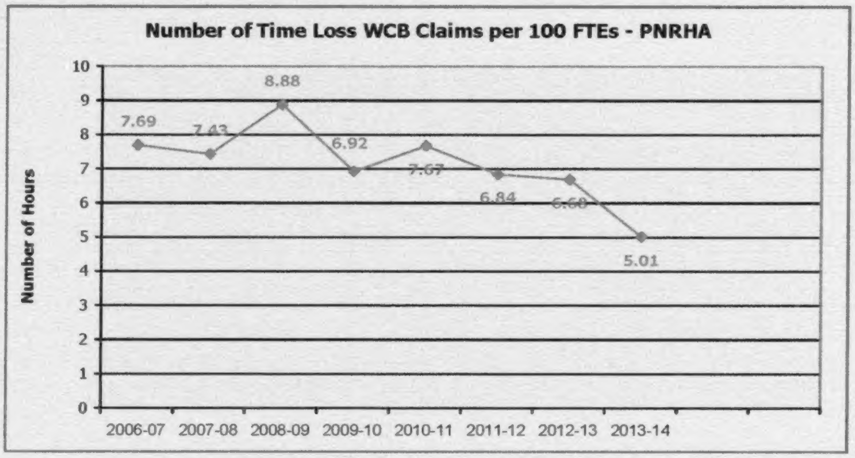
- Prairie North Regional Health Authority achieved its 2013-14 year-end target of a 25% reduction in workplace injuries, strongly positioning itself to incrementally reach the provincial target of reducing workplace injury rates to zero by 2017.
- The RHA had set a target of no more than 120 time loss claims by the end of March 2014, a total of 45 fewer than recorded in 2012-13. As the graph (below) illustrates, the RHA achieved that goal, recording 118 time loss claims at March 31 this year.



- PNRHA's success is attributed to the organization's and all employees' commitment to improving safety in the workplace. The RHA will continue its focus on reducing workplace injuries in the year ahead.

WCB Time Loss Claims per 100 FTEs

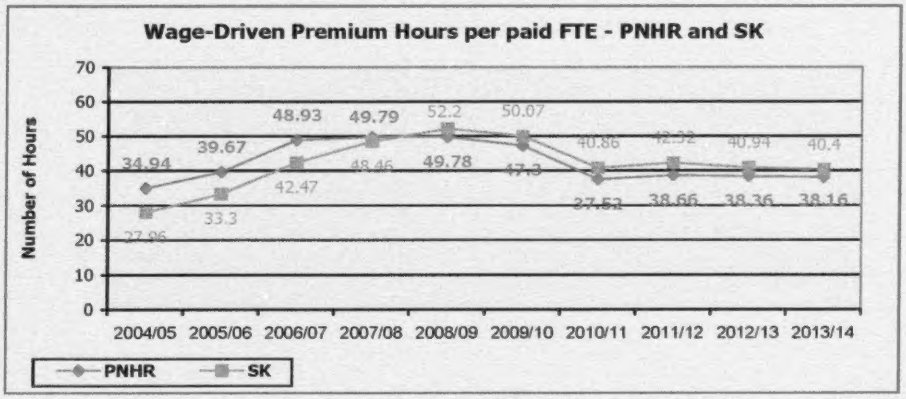
- The measure of WCB Time Loss Claims per 100 FTEs is a standard provincial indicator of progress toward achieving an injury-free workplace.
- The graph (right) is another way of illustrating PNRHA's success in 2013-14 in meeting its goal of reducing workplace injuries. The illustration shows the RHA sharply lowered its number of time loss WCB claims from 6.6 per 100 FTEs in 2012-13, to 5.01 for 2013-14.
- As indicated in the Total Time Loss Claims measurement result above, PNRHA is strongly positioned toward achieving the goal of ***Mission: Zero*** - zero workplace injuries by 2017.



Source: Ministry of Health Workforce Planning Branch and Saskatchewan WCB.

Wage-Driven Premium Hours per FTE

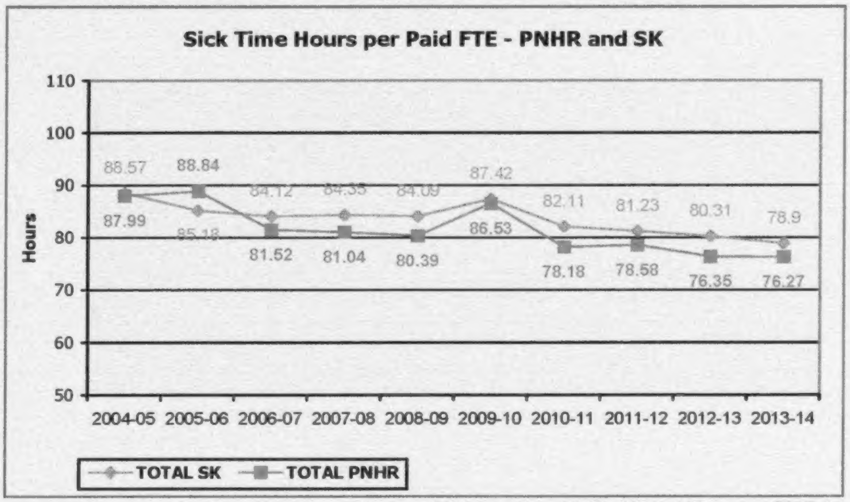
- This measure also speaks to Prairie North's efforts to improve workplace safety to reduce wage-driven premium and injury costs. Wage-driven premium hours include overtime and other premium hours.
- As the graph (right) shows, Prairie North achieved a slight improvement in its wage-driven premium hours per FTE, as did the province.
- It is important to note that the data does not include the small number of PNRHA employees who are not captured in the 3sHealth payroll system. These individuals are PNRHA employees on the Alberta side of Lloydminster and are on a separate payroll system.



Source: Ministry of Health Dashboard Measures 2013-14

Sick Time Hours Per FTE

- Like WCB Time Loss Claims and Wage-Driven Premium Hours, the measure of Sick Time Hours per Paid FTE reflects Prairie North's efforts toward a safe, healthy workplace and workforce. Absence as a result of illness (sick leave) or injury is often viewed as a measure of the overall health of a workplace.
- The graph (right) shows that in the past year, Prairie North marginally reduced its number of sick time hours per paid FTE. The provincial health system overall reduced its sick time hours by 1.41 hours per paid FTE, or 1.75%
- PNRHA's Alberta employees are not included in the calculations.



Source: Ministry of Health Dashboard Measures 2013-14

System Five-year Outcome:

Prairie North Regional Health Authority supports the provincial health system's five-year improvement outcome that by March 2017, staff and physician engagement provincial average scores will increase to 80%.

System Five-year Improvement Targets:

- **By March 2017, more than 1,000 focused Lean training and kaizen events involving staff, physicians and patients will be undertaken in multiple areas of the health system.**
- **By March 2017, 100% of staff and physicians are continuously improving care and service through visual daily management.**

PNRHA Hoshin/Project: Developing a Culture of Engagement	
Problem Statement • PNRHA's goal is to have our patients and families report a high level of satisfaction with the care that they receive from our healthcare system. This will require a high level of engagement from all stakeholders in the healthcare system. • Response rate from the (2011) TalentMap survey indicates that our staff are feeling disengaged. With staff reporting this level of disengagement, the service and care provided to the patient and families inevitably will not be optimal. • Due to both historic and systemic factors, physicians report feeling alienated from the system and are therefore less likely to engage in quality improvement initiatives. • Given the critical role that physicians and healthcare workers play in the healthcare system, it is imperative to avail of their knowledge, expertise and experience in all aspects of healthcare delivery, including system improvement efforts.	**Target Statement** • By March 31, 2014, PNRHA will complete an organizational culture scan and have identified strategies to move toward our desired state.

Results:

- PNRHA completed its organizational culture scan. Twenty-one per cent (21%) of staff completed the culture scan survey, short of the goal of 25%.
- The RHA has developed strategies for increasing employee engagement. The strategies will be implemented with three perspectives in mind: patient, employee, and management. Making improvements in how all three groups are involved in the organization will result in improved quality of care and an improved work environment. Engaged employees deliver better patient care.
- PNRHA also participated with all Saskatchewan health regions, the Saskatchewan Cancer Agency, and 3sHealth in conducting a confidential province-wide employee engagement survey. The employee survey ran between February 6 - 28, 2014. It was designed by Aon Hewitt, a widely respected company with a long history in survey design and delivery, in consultation with a Saskatchewan provincial working group of healthcare sector employers.
  - The survey asked employees to evaluate areas like resource availability, work/life balance, managerial effectiveness, workplace policies, learning and career development opportunities, the degree to which the individual feels motivated and appreciated at work, and much more.
  - The survey also included a separate component for physicians.
  - Results of the survey are expected to be shared in the year ahead.

- For the second consecutive year, Prairie North Regional Health Authority was named one of Saskatchewan's Top Employers. The designation recognizes Saskatchewan employers that lead their industries in offering exceptional places to work.
    - The award applauds Prairie North for its commitment to ongoing employee development and education through mentoring and apprenticeship opportunities, in-house and online training programs, and support for professional development. The award commended the RHA's assistance with retirement planning, provision of maternity and parental allowances, as well as vacation and personal allowances.
    - The award is sponsored by Mediacorp Canada Inc. and evaluates employers on eight criteria: physical workplace, work atmosphere and social; health, financial and family benefits; vacation and time off; employee communications; performance management; training and skills development; and community involvement. Employers are compared to other organizations in their field to determine which offers the most progressive and forward-thinking programs.

2014

SASKATCHEWAN'S
TOP EMPLOYERS

- Prairie North Regional Health Authority and the University of Saskatchewan College of Medicine have partnered to bring the College's Family Medicine Residency Training Program to the Region. Four medical residents came to North Battleford in July to begin two years of postgraduate medical education training. They are to be joined by four more medical residents in July 2014.
    - The medical residents are based at the North Battleford Medical Clinic in PNRHA's Primary Health Centre. North Battleford is now the fifth and newest community added to the College's Distributed Medical Education (DME) model which sees medical residents able to complete their training in Prince Albert, Swift Current and La Ronge, as well as in Saskatoon and Regina. Formal launch of the program in North Battleford was held September 11, 2013.
    - By providing medical residents with expanded opportunities to learn in sites across Saskatchewan, including North Battleford, the College of Medicine and PNRHA anticipate positive results toward physician recruitment and retention. Medical residents are more likely to establish their permanent practice in the location where they received their training.
    - Medical residents are graduates who hold an MD degree and are completing postgraduate training in a specific medical specialty area such as family medicine. Postgraduate training typically requires two to five years, depending on the area of study.

Putting Patients First
Transforming Health Care through Lean

Saskatchewan Healthcare Management System

Lean is a patient-focused approach to managing and delivering care that continuously improves how we work. Many processes are involved in health care. Lean is about finding and eliminating waste in these processes. Waste is defined as anything that does not add value from the patient's perspective.

Lean makes health care better in several ways:
- It increases safety, by eliminating defects and errors
- Patients are more satisfied with their care
- Staff doing the work are the ones who look for waste and find better ways to deliver care
- It reduces cost, by getting rid of waste
- Patients have better health outcomes

All of the organizations involved in managing and delivering health care in Saskatchewan – including health regions, eHealth Saskatchewan, 3sHealth, the Saskatchewan Cancer Agency, Ministry of Health, and Health Quality Council – have agreed to use Lean as our common approach to providing the best possible care, most efficiently. *John Black and Associates, LLC* is facilitating deployment of the Saskatchewan Healthcare Management System.

Results:

Rapid Process Improvement Workshops

One of the quality improvement tools PNRHA is learning to use is a *Rapid Process Improvement Workshop (RPIW)*. An RPIW is a five-day event that brings together a team of staff members and a patient representative. The team examines a problem, develops and tests solutions, and implements change within that time period. The process is structured, headed by a team lead and supported by an executive sponsor.

- In 2013-14, nine RPIWs were held in Prairie North Health Region, with at least one patient representative on each team:
    - Operating Room Scheduling – Regional
    - Improving the Flow of ED stat lab results from the Lloydminster Hospital Lab to the ED
    - Improve the Flow of the Endoscopy Unit - Lloydminster Hospital
    - Improving the Flow of the Patient Appointment Booking Process at the Meadow Lake Primary Health Care Clinic
    - Improving the Flow of the Client Experience at Paediatric Therapies - Lloydminster Co-op Plaza
    - Improving Flow of Medications - Saskatchewan Hospital North Battleford
    - Improve the Flow of the Patient CTAS 4 & 5 through the ED Efficiently and Safely – Lloydminster Hospital
    - Improve the Flow of Supplies to Rehabilitation Units 1 & 3 and replicate its attributes in 30, 60 and 90 day intervals – SHNB
    - Improving Patient Flow from Registration to Patient Rooming - Battlefords Union Hospital Emergency Department

Patient quote:
"I really liked finding out you all talk about the importance of visual cues. That is really important to me personally because I lost my brother in a workplace accident where there were no visual cues."

- After improvements have been tested and implemented during an RPIW, staff work to sustain or make further improvements. Thirty- (30-), 60-, 90-, and 180-day audits look at whether the improvements have become standard or whether more work is required to meet the sustainable improvement goal.
- Four of the nine RPIWs done in 2013-14 have undergone their 180 day review (at least six months after the RPIW was held). In all four cases, the improvements implemented during the workshops have been sustained. Where and when the reviews show the improvements have not been sustained, work continues to better implement the improvements.

Quote from nurse manager involved in RPIW:

"We have known we have had issues for a long time, but we did not know how or where to start fixing the problems. The RPIW gave us the vehicle to affect change in a big way that will make medication delivery to patients safer, timely and with less re-work for everyone."

5S Events

5S is a strategy for organizing the workplace to minimize waste of time. The five steps include: sort, simplify, sweep, standardize, and self-discipline.

- Twenty-seven (27) 5S events were held throughout Prairie North in 2013-14, resulting in cleaner, safer, and more efficient workspaces in both clinical and administrative areas.

Before (above)

Medication Supplies 5S

After (below)

Before (above)

Materials Management 5S

After (below)

3P Events

3P, which stands for *production preparation process*, is a Lean tool used when a totally new process or design is required. Often used in facility design, the goal is to ensure quality, safety, flow and efficiencies are built into the new design. 3Ps are typically week-long events involving a team of providers, staff and patients.

- Five 3P events were held in 2013-14, three of which were directly related to design of the new Saskatchewan Hospital North Battleford *(See Saskatchewan Hospital Redesign, page 29)*. The others were for designing the Primary Health Care clinic in Lloydminster and an ICU model for Lloydminster Hospital.

Kaizen Basics

Kaizen Basics is a one-day training session delivered across the province intended to introduce all staff to the basic concepts of Lean management and the Saskatchewan Healthcare Management System. It is mandatory training for all PNRHA staff.

- 553 Prairie North RHA employees took the Kaizen basics training in the past year, bringing the RHA's total number of employees trained to 1,065.

Lean Leader Training

To support the Saskatchewan Healthcare Management System and its changes, Lean leaders are being trained by John Black and Associates, LLC, throughout the province.

- 51 Prairie North employees are in the training which requires a total commitment of 80 days from each individual. Once certified as Lean leaders, the employees use their knowledge to apply Lean tools and methodology in their everyday work, helping guide their staff in removing waste, improving processes, and working toward zero defects, all while putting the patient and family first.
- As of March 31, 2014, seven PNRHA employees had completed their certification in full.

Certified Lean Leaders

PNRHA's first Lean Leaders have received their certification.

(Second, from left): Ernie How, Lionel Chabot, Irene Denis, Helene Brodbin, and Leita Elder. Missing from the photo are fellow Certified Lean Leaders Dr. Almereau Prollius and Jody Davidson.

On hand for the special recognition were David Fan, PNRHA CEO (left) and Steve Mihalick, JBA Consultant (right).

Management Report

May 28, 2014

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian public sector accounting standards for government not-for-profit organizations and the Financial Reporting Guide issued by the Ministry of Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

In 2013, the Authority commenced capital project spending under newly established shared ownership arrangements with the Ministry of Health. The Authority has followed the judgment and direction of the Ministry in accounting for its asset held under this arrangement on an apportioned net basis.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance Committee. The Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance Committee, approves financial statements.

The appointed auditor, Baert Cameron Odishaw La Cock, Chartered Accountants conducts an independent audit of the financial statements and has full and open access to the Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

David Fan
Chief Executive Officer

Rhonda Derkatz

Rhonda Derkatz
Chief Financial Officer

2013-14 Financial Overview

The 2013-14 financial year was another challenging one as Prairie North Regional Health Authority continues to bend the cost curve within the Saskatchewan Healthcare Management System.

On May 29, 2013, PNRHA approved a balanced Operating Budget of $263 million in revenues and expenditures for the 2013-14 fiscal year. The budget focused on four strategic priorities in alignment with provincial priorities of Better Health, Better Care, Better Value, and Better Teams.

Total actual results for the 2013-14 fiscal year reveal an operational surplus of $1,665,314, before non-discretionary interfund transfers. The Regional Health Authority is required to make non-discretionary transfers from the operating fund to the capital fund for mortgage principle payments. The remaining transfers between the operating fund and the capital fund are for capital asset purchases. In 2013-14, $5,752,275 was transferred from the operating fund to the capital fund. This has resulted in an accumulated operating deficit of $15 million and accumulated capital fund equity of $65 million.

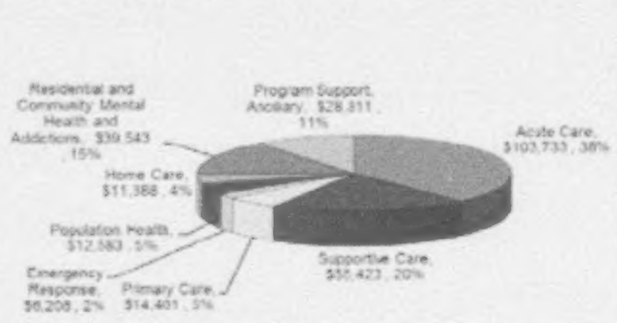
The PNRHA Board also approved $2.7 million in the Capital Equipment and Information Technology budget, as well as $9.5 million in capital projects under the RHA's Capital Management Plan. Key capital management projects for 2013-14 included continued planning for relocation and redevelopment of the Intensive Care Unit (ICU) in Battlefords Union Hospital (BUH), continued planning for the development of a dedicated endoscopy suite at BUH, and development of an ICU and a third operating room at Lloydminster Hospital. Additionally, replacement of the cooling tower at Battlefords Union Hospital was approved.

Expenditures

Operating Fund expenditures for 2013-14 totaled $271,650,376, which resulted in total expenses over budget for the year by $8,493,685. This variance is mainly as a result of the recently ratified CUPE Collective Agreement, whereby retroactivity for the 2012-13 and 2013-14 increases were recognized in the RHA's compensation expense. This accounts for approximately $4.6 million in additional compensation cost that was not included in the 2013-14 budget as it was unknown at the time the 2013-14 budget was set.

A budget variance threshold of $15,000 or 5% is used to identify significant variances for reporting purposes. Using these criteria, the most significant variance in 2013-14 occurred in the Acute Care Program. The Acute Care Program variances were a result of workload issues as PNRHA worked to meet its surgical targets under the Saskatchewan Surgical Initiative. Managing staff vacancies while expanding capacity in our Operating Room theatres, especially in Lloydminster, resulted in increased overtime and supply costs in both of Prairie North's regional hospitals.

During the year, the RHA continued to monitor progress on the reduction of sick time usage and wage-driven premiums. In 2013-14, our total sick time costs increased 2.04% over 2012-13 although there were some improvements with our total overtime costs, which decreased 4.24% over 2012-13. Sick and overtime costs contribute to the overall expenditure variance.



Operating Expenses by Program Area 2013-14 (000's)

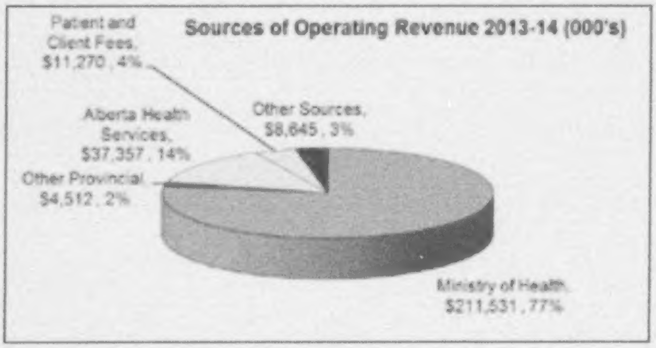
Capital expenditures consist of amortization of $7.9 million and mortgage interest of $330,950.

Capital acquisitions during 2013-14 totaled $11.2 million, of which $8.6 million was for building infrastructure and $2.6 million was for equipment.

Revenues

Operating Fund revenues for 2013-14 totaled $273,315,690, an increase of $9,518,890 over the budgeted operating revenues.

The variance in the operating revenues is due to the funding of the recently ratified CUPE Collective Agreement. The funding for the retroactivity for 2012-13 and 2013-14, similarly as the expenditures, was not known at the time the 2013-14 budget was set. PNRHA also received $3.1 million in additional funding from Alberta Health Services to recognize in-year deficit funding for Lloydminster, which was also unknown at the time the 2013-14 budgets were set. PNRHA received various monies in special payments during the 2013-14 fiscal year, such as funding for Primary Health Centre Innovation Site development and investments into operating resources for both Lloydminster and Meadow Lake PHC Innovation sites. Additional funding was also received for physician resources in the Region.


Sources of Operating Revenue 2013-14 (000's)

Capital Fund revenues totaled $4.9 million, the majority of $3.4 million coming from the Ministry of Health, from donations of just over $1 million, and from Alberta Health Services at $247,033.

Community Trust Fund revenue consists of donations and interest revenue totaling just over $13,764.

Other

Special Funds

Prairie North Regional Health Authority is responsible for Community Trust Funds totaling $1.2 million. These funds are community generated funds subject to restrictions as set out in pre-amalgamation agreements with the RHA. These assets are accounted for separately and any interest earned is credited to the fund.

PNRHA holds $216,471 restricted for Replacement Reserves as a requirement in respect of Long-Term Care facilities financed by Canada Mortgage and Housing Corporation. The RHA also holds $1.8 million in restricted Donation and Renovation reserves, the Northland Pioneers Lodge reserve, as well as a reserve for future ambulance purchases.

Loans and Deferred Revenue

Prairie North Regional Health Authority has total outstanding mortgages payable of $8.6 million, with related buildings pledged as security. (See Note 5 to the Financial Statements for further detail.)

Deferred revenue includes $954,148 received from the Ministry of Health. These funds are restricted for use on specific programs as targeted by the Ministry. Deferred revenue held for non-Ministry initiatives totals $1,026,825. (See Note 6 to the Financial Statements for further detail.)

Audited Financial Statements

BAERT CAMERON ODISHAW LA COCK
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

TO: THE BOARD OF DIRECTORS OF PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO: THE MEMBERS OF THE LEGISLATIVE ASSEMBLY OF SASKATCHEWAN

We have audited the accompanying consolidated financial statements of Prairie North Regional Health Authority, which comprise the consolidated statement of financial position as at March 31, 2014, the consolidated statements of operations, changes in fund balances and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified audit opinion.

Basis for Qualified Opinion

The Ministry of Health, through a shared ownership agreement with Prairie North Regional Health Authority described in note 4, acquired an ownership interest in the construction of the Northland Pioneers Lodge facility equal to their financial contribution. As such, Prairie North Regional Health Authority only recorded an asset based on their pro rata share of the related facility cost. We do not believe that this accounting treatment is appropriate. Accordingly, had management recorded 100% of the capital cost, revenues in the capital fund would increase by $726 ($1,490,038 in 2013), while capital assets and invested in capital assets fund balance would each increase by $1,490,764 ($1,490,038 in 2013).

Qualified Opinion

In our opinion, except for the effects of the matter described in the Basis for Qualified Opinion paragraph, the consolidated financial statements present fairly, in all material respects, the financial position of Prairie North Regional Health Authority as at March 31, 2014, and its financial performance and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Baert Cameron Odishaw LaCock

Chartered Accountants

North Battleford, Saskatchewan
May 28, 2014

Statement 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION

For the Year Ended March 31, 2014

		Restricted Funds			
	Operating Fund	Capital Fund	Community Trust Fund	Total March 31, 2014	Total March 31, 2013 (Note 10)
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 9,939,061	$ 1,027,478	$ 1,153,516	$ 12,120,055	$ 13,893,484
Accounts receivable					
Ministry of Health - General Revenue Fund	5,352,520	655,826	-	6,008,346	1,370,399
Other	3,763,719	293,809	-	4,057,528	4,296,894
Inventory	2,035,278	-	-	2,035,278	1,824,248
Prepaid expenses	1,782,982	-	-	1,782,982	2,719,078
	22,873,560	1,977,113	1,153,516	26,004,189	24,104,103
Investments (Note 2, Schedule 2)	1,876,910	-	103,059	1,979,969	2,554,797
Capital assets (Note 3)	-	72,239,115	-	72,239,115	69,052,884
Total Assets	$ 24,750,470	$ 74,216,228	$ 1,256,575	$ 100,223,273	$ 95,711,784
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 9,051,533	$ 180,458	$ 6,749	$ 9,238,740	$ 9,182,325
Accrued salaries	8,713,089	-	-	8,713,089	4,220,770
Vacation payable	13,205,647	-	-	13,205,647	12,690,951
Mortgages payable – Current (Note 5)	-	871,569	-	871,569	627,967
Deferred Revenue (Note 6)	1,847,250	133,723	-	1,980,973	1,637,216
	32,817,519	1,185,750	6,749	34,010,018	28,359,229
Long term liabilities					
Deferred salary	-	-	-	-	23,955
Mortgages payable (Note 5)	-	7,690,626	-	7,690,626	6,983,474
Employee future benefits (Note 11)	7,003,400	-	-	7,003,400	6,962,100
Total Liabilities	39,820,919	8,876,376	6,749	48,704,044	42,328,758
Fund Balances:					
Invested in capital assets	-	63,676,920	-	63,676,920	61,441,443
Externally restricted (Schedule 3)	-	-	1,249,826	1,249,826	1,236,062
Internally restricted (Schedule 4)	366,863	1,662,932	-	2,029,795	2,035,089
Unrestricted	(15,437,312)	-	-	(15,437,312)	(11,329,568)
Fund balances – (Statement 3)	(15,070,449)	65,339,852	1,249,826	51,519,229	53,383,026
Total Liabilities & Fund Balances	$ 24,750,470	$ 74,216,228	$ 1,256,575	$ 100,223,273	$ 95,711,784

Contractual obligations (Note 4)
Pension Plan (Note 11)

Approved by the Board of Directors:

Director

Director

The accompanying notes and schedules are part of these consolidated financial statements.

Statement 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS
For the Year Ended March 31, 2014

	Operating Fund			Restricted			
	Budget 2014	2014	2013 (Note 10)	Capital Fund 2014	Community Trust Fund 2014	Total 2014	Total 2013
REVENUES							
Ministry of Health - general	$ 205,195,543	$ 211,531,365	$ 199,039,032	$ 3,352,324	$ -	$ 3,352,324	$ 2,104,010
Other provincial	4,622,363	4,512,037	4,840,719	-	-	-	-
Federal government	100,000	102,158	167,137	99,267	-	99,267	113,338
Alberta funding for Lloydminster	34,427,794	37,357,244	33,736,528	247,033	-	247,033	1,107,885
Patient & client fees	11,332,800	11,270,168	11,096,196	-	-	-	-
Out of province (reciprocal)	2,805,000	2,778,356	2,788,114	-	-	-	-
Out of country	111,000	83,952	102,085	-	-	-	-
Donations	360,250	375,298	582,775	1,017,556	2,566	1,020,122	1,105,610
Investment	220,250	181,481	207,529	77,246	11,198	88,444	121,439
Ancillary	289,000	693,898	282,307	-	-	-	-
Recoveries	4,050,200	4,131,294	4,029,481	-	-	-	-
Other	283,600	298,439	763,876	57,388	-	57,388	2,200
Total revenues	**263,797,800**	**273,315,690**	**257,635,779**	**4,850,814**	**13,764**	**4,864,578**	**4,554,482**
EXPENSES							
Inpatient & resident services							
Nursing Administration	8,296,604	8,043,426	8,434,573	-	-	-	-
Acute	39,503,972	43,627,252	41,661,315	4,950,787	-	4,950,787	5,017,015
Supportive	35,267,983	36,263,727	35,304,436	1,965,861	-	1,965,861	1,881,035
Integrated	-	-	-	-	-	-	-
Rehabilitation	-	-	339,071				
Mental health & addictions	15,101,880	14,555,191	13,786,214	6,423	-	6,423	8,084
Total inpatient & resident services	**98,170,439**	**102,489,596**	**99,525,609**	**6,923,071**	**-**	**6,923,071**	**6,906,134**
Physician compensation	**20,625,441**	**21,753,464**	**20,287,013**	**-**	**-**	**-**	**-**
Ambulatory care services	**11,693,558**	**12,135,293**	**11,327,430**	**-**	**-**	**-**	**-**
Diagnostic & therapeutic services	**28,881,336**	**28,522,671**	**27,454,279**	**-**	**-**	**-**	**-**
Community health services							
Primary health care	6,451,000	6,280,387	5,462,074	109,537	-	109,537	95,323
Home care	10,324,798	10,001,698	9,625,784	79,451	-	79,451	81,688
Mental health & addictions	11,829,705	11,794,888	11,515,405	-	-	-	-
Population health	9,866,632	9,945,671	10,128,193	5,835	-	5,835	7,375
Emergency response services	7,173,121	6,891,271	6,891,113	93,027	-	93,027	-
Other community services	1,155,946	1,464,867	1,311,244	-	-	-	122,438
Total community health services	**46,801,202**	**46,378,781**	**44,933,813**	**287,850**	**-**	**287,850**	**306,824**
Support services							
Program support	15,386,871	15,810,420	13,395,433	1,182,768	-	1,182,768	765,535
Operational support	40,732,313	43,388,806	41,675,797	-	-	-	-
Other support	342,064	395,788	341,557	-	-	-	-
Employee future benefits	41,300	41,736	28,500	-	-	-	-
Total support services	**56,502,548**	**59,636,750**	**55,441,267**	**1,182,768**	**-**	**1,182,768**	**765,535**
Ancillary	**482,165**	**733,821**	**291,963**	**-**	**-**	**-**	**-**
Total expenses (Schedule 1)	**263,156,691**	**271,650,376**	**259,261,394**	**8,393,689**	**-**	**8,393,689**	**7,978,493**
Excess (deficiency) of revenues over expenses	**$ 641,109**	**1,665,314**	**(1,625,615)**	**(3,542,875)**	**13,764**	**(3,529,111)**	**(3,424,011)**
Interfund Transfers							
Building renovations		-	-	-	-	-	-
Capital asset purchases		(5,008,416)	(3,605,789)	5,008,416	-	5,008,416	3,605,789
SHC reserves		5,386	16,873	(5,386)	-	(5,386)	(16,873)
Mortgage payments		(749,245)	(531,323)	749,245	-	749,245	531,323
Other		-	3,000,000	-	-	-	(3,000,000)
Total interfund transfers		**(5,752,275)**	**(1,120,239)**	**5,752,275**	**-**	**5,752,275**	**1,120,239**
Increase (decrease) in fund balances		**(4,086,961)**	**(2,745,854)**	**2,209,400**	**13,764**	**2,223,164**	**(2,303,772)**
Fund balances, beginning of year		(10,983,488)	(8,237,634)	63,130,452	1,236,062	64,366,514	66,670,286
Fund balances, end of year		$ (15,070,449)	$ (10,983,488)	$ 65,339,852	$ 1,249,826	$ 66,589,678	$ 64,366,514

The accompanying notes and schedules are part of these consolidated financial statements.

1. Ministry of Health general - Includes Base Funding, Deferred Revenue and Special Payments.
2. Other provincial - Includes WCB, SGI, Recruitment Fund and Other Provincial Departments.
3. Patient & Client Fees - Includes Supportive Care Fees, Home Care Fees, EMS Fees and Other (Includes Ward Rates).
4. Recoveries - Includes Patient Related, Interregional, and Other

Statement 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31, 2014

2014	Operating Fund	Capital Fund	Community Trust Fund	Accumulated remeasurement gains (losses)	Total 2014
Fund balance, beginning of year	$ (10,983,488)	$ 63,130,452	$ 1,236,062	$ -	$ 53,383,026
Excess (deficiency) of revenues over expenses	1,665,314	(3,542,875)	13,764	-	(1,863,797)
Interfund transfers	(5,752,275)	5,752,275	-	-	-
Remeasurement gains (losses)	-	-	-	-	-
Fund balance, end of year	$ (15,070,449)	$ 65,339,852	$ 1,249,826	$ -	$ 51,519,229

2013	Operating Fund	Capital Fund	Community Trust Fund	Total 2013
Fund balance, beginning of year	$ (8,237,634)	$ 65,411,011	$ 1,259,275	$ 58,432,652
Excess (deficiency) of revenues over expenses	(1,625,615)	(3,400,798)	(23,213)	(5,049,626)
Interfund transfers	(1,120,239)	1,120,239	-	-
Fund balance, end of year	$ (10,983,488)	$ 63,130,452	$ 1,236,062	$ 53,383,026

The accompanying notes and schdules are part of these consolidated financial statements

Statement 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW
For the Year Ended March 31, 2014

	Operating Fund		Restricted Fund			
	2014	2013 (Note 10)	Capital Fund	Community Trust Fund	Total 2014	Total 2013 (Note 10)
Cash Provided by (used in):						
Operating activities:						
Excess (deficiency) of revenue over expenditure	$ 1,665,314	$ (1,625,615)	$ (3,542,875)	$ 13,764	$ (3,529,111)	$ (3,424,011)
Net change in non-cash working capital (Note 7)	2,364,146	(3,271,187)	(74,500)	36,198	(38,302)	582,234
Amortization of capital assets	-	-	7,957,370	-	7,957,370	7,658,908
Investment income on long-term investments	-	-	-	-	-	-
(Gain)/loss on disposal of capital assets	-	-	105,369	-	105,369	29,385
	4,029,460	(4,896,802)	4,445,364	49,962	4,495,326	4,846,516
Capital activities:						
Purchase of capital assets						
Buildings	-	-	(8,678,760)	-	(8,678,760)	(6,860,730)
Equipment	-	-	(2,570,210)	-	(2,570,210)	(4,604,902)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	-	-	-	-
	-	-	(11,248,970)	-	(11,248,970)	(11,465,632)
Investing activities:						
Purchase of investment	-	-	-	-	-	-
	-	-	-	-	-	-
Financing activities:						
Acquisition of debt		-	1,700,000	-	1,700,000	3,500,000
Repayment of debt	-	-	(749,245)	-	(749,245)	(531,323)
	-	-	950,755	-	950,755	2,968,677
Net increase (decrease) in cash & short term investments during the year	4,029,460	(4,896,802)	(5,852,851)	49,962	(5,802,889)	(3,650,439)
Cash & short term investments, beginning of year	11,661,876	17,678,917	1,128,054	1,103,554	2,231,608	4,761,808
Interfund transfers (Statement 2)	(5,752,275)	(1,120,239)	5,752,275	-	5,752,275	1,120,239
Cash & short term investments, end of year (Schedule 2)	$ 9,939,061	$ 11,661,876	$ 1,027,478	$ 1,153,516	$ 2,180,994	$ 2,231,608

The accompanying notes and schedules are part of these consolidated financial statements.

1. LEGISLATIVE AUTHORITY

The Prairie North Regional Health Authority (RHA) operates under the *Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prairie North Health Region, under section 27 of *The Act*. The Prairie North Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government. The Prairie North Regional Health Authority is a registered charity under the *Income Tax Act* of Canada.

2. SIGNIFICANT ACCOUNTING POLICIES

These consolidated financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by Chartered Professional Accountants (CPA) Canada. The RHA has adopted the standards for government not-for-profit organizations, set forth at PSA Handbook section PS 4200 to PS 4270.

a) Health Care Organizations

i. The RHA has agreements with and grants funding to the following prescribed Health Care Organizations (HCOs) and third parties to provide health services:

Canadian Mental Health Association (Saskatchewan Division) Inc.
Edwards Society Inc.
Libbie Young Centre Inc.
Marshall's Ambulance Care Ltd
Points West Living Lloydminster Inc.
Portage Vocational Society Inc.
Walter A. "Slim" Thorpe Centre Inc.
WPD Ambulance
WPD Ambulance Lloydminster

Note 9 b) i. provides disclosure of payments to HCOs and third parties.

ii. The following affiliate is incorporated (and is a registered charity under the Income Tax Act of Canada):

Société Joseph Breton Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA's financial statements. Alternatively, Note 9 b) ii. provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii. The Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under the *Non-Profit Corporations Act* and are registered charities under the *Income Tax Act of Canada*.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 b) iii. provides supplementary financial information of the Foundations.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

b) *Fund Accounting*

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i. Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health – General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii. Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health – General Revenue Fund provided for construction of capital assets and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii. Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) *Revenue*

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) *Capital Assets*

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined). Transfers of capital assets from a related party are recorded at the asset carrying amounts.

e) *Inventory*

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost as determined on the average cost basis or net realizable value.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

f) Employee future benefits

i. Pension Plan:

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

ii. Accumulated sick leave benefit liability:

The RHA provides sick leave benefits for employees that accumulate but do not vest. The RHA recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

g) Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian public sector accounting standards. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of contractual obligations and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

Cash, short-term investments, accounts receivable, long-term investments, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these items carried at fair value are recognized through the Statement of Remeasurement Gains and Losses at each period end. Gains and losses on these financial instruments are recognized in the Statement of Operations when the financial asset is derecognized due to disposal or impairment. Long term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2014 (2013 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

j) Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

3. CAPITAL ASSETS

	March 31, 2014			March 31, 2013
	Cost	Accumulated Amortization	**Net Book Value**	Net Book Value
Land	$ 2,101,375	$ -	**$ 2,101,375**	$ 1,563,822
Land improvements	1,641,629	1,590,588	**51,041**	62,356
Leasehold improvements	1,252,615	499,423	**753,192**	850,947
Buildings	118,579,410	70,382,814	**48,196,596**	39,411,977
Equipment	52,773,484	35,154,000	**17,619,484**	18,399,737
Construction in progress	3,517,427	-	**3,517,427**	8,764,045
	$ 179,865,940	$ 107,626,825	**$ 72,239,115**	$ 69,052,884

4. CONTRACTUAL OBLIGATIONS

a) Capital Assets Acquisitions

At March 31, 2014, contractual obligations for acquisition of capital assets were $275,199 (2013 - $923,718). Also at March 31, 2014 contractual obligations for capital construction in progress were $30,412 (2013 – $543,621).

A Co-ownership agreement on the new Northland Pioneers Lodge exists with the Ministry of Health who will assume 76.4% of both the asset and the contractual obligation. The total contract is projected to be $25,000,000. This project is in the early planning stages, and the projected completion date is April 2017. There is little advancement expected to occur on this project in 2014-15.

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2015	717,546
2016	559,522
2017	512,188
2018	473,955
2019	473,955

c) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services within the Region similar to those provided in the year ending March 31, 2014. Note 9 b) provides supplementary information on Health Care Organizations.

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	**2014**	2013
Cut Knife & District Special Care Home CMHC, due March 1, 2022	4.42%	$94,777 principal and interest, of which $26,245 is subsidized by Saskatchewan Housing Corporation (SHC). Mortgage renewal date is March 1, 2017.	**$ 638,756**	$ 703,987
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.39%	$43,101 principal and interest, of which $7,117 is subsidized by SHC. Mortgage renewal date is June 1, 2015.	**288,233**	318,082
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	2.11%	$175,316 principal and interest, of which $44034 is subsidized by SHC. Mortgage renewal date is December 1, 2013.	**1,020,893**	1,148,348
Northland Pioneers Lodge, Meadow Lake CMHC due April 1, 2022	4.42%	$87,291 principal and interest, of which $21,871 is subsidized by SHC. Mortgage renewal date is March 1, 2017.	**593,393**	653,253
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.00%	$15,736 principle and interest, Mortgage renewal date is December 1, 2026.	**126,412**	131,960
Meadow Lake Associate Clinic Synergy Credit Union, due March 1, 2016	2.50%	$92,641 principle and interest, Mortgage renewal date is March 1, 2016.	**187,332**	274,104
Lakeland Lodge (St. Walburg) Synergy Credit Union due June 1, 2023	4.02%	$32,794 principle and interest, Mortgage renewal date is October 1, 2014.	**258,177**	280,108
River Heights Lodge Synergy Credit Union due June 1, 2023	4.02%	$82,253 principle and interest, Mortgage renewal date is October 1, 2014.	**647,560**	702,567
Energy Performance Contract Synergy Credit Union due April 1, 2027	3.75%	$305,433 principle and interest, Mortgage renewal date is April 1, 2017.	**3,218,003**	3,399,031
COOP Plaza Synergy Credit Union due Feb 01, 2021	3.50%	$151,266 principle and interest Mortgage renewal date is August 02, 2018	**1,583,436**	-
			8,562,195	7,611,441
Less current portion			**871,569**	627,967
			$ 7,690,626	$ 6,983,474

5. MORTGAGES PAYABLE (continued)

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows *(right)*:

2015	871,569
2016	902,348
2017	847,890
2018	871,527
2018 and subsequent	5,068,861
	$ 8,562,195

6. DEFERRED REVENUE

As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance end of Year
Sask Health Initiatives				
Enhanced Preventative Dental Services Ini	$ 76,700	$ 76,700	$ -	$ -
HIV Peer to Peer Initiative	20,000	3,361	-	16,639
Mentorship Program	13,700	-	-	13,700
Primary Care Maidstone setup	51,496	23,779	-	27,717
Primary Care Meadow Lake setup	74,373	37,932	-	36,441
BFHC Tobacco Project	33,718	33,718	-	-
Primary Care Team Development	1,227	1,227	-	-
Retention Grant -OT PT	3,497	2,118	-	1,379
Retention Grant -ML RTC	23,708	2,118	-	21,590
Perioperative nursing program - LH OR	12,720	29,915	57,240	40,045
Workplace Wellness	181,005	101,216	-	79,789
CEC- Collaborative Emergency Centre	169,465	169,464	-	1
PHC - Pt Centered (ML)	-	11,687	125,000	113,313
PHC - Pt Centered (Lloyd)	-	888	325,000	324,112
Maidstone Physician Retro	-	127,520	127,520	-
MDS - Homecare	-	22,641	75,000	52,359
Nurse Practitionaire - Recruit & Reten	-	20,000	40,000	20,000
Lloymdminster Health Service Plan	-	125,000	125,000	-
LTC - Urgent Funding (Gentle Persuasion)	-	-	73,340	73,340
LTC - Urgent Funding (Capital & Safety)	-	97,373	189,000	91,627
LTC - Urgent Funding (Jubilee Home)	-	137,904	180,000	42,096
Total Sask Health	661,609	1,024,561	1,317,100	954,148
Non Sask Health Initiatives				
Acquired Brain Injury Funding	(36,614)	53,427	90,041	-
HQC -QBS/RTC	37,019	37,019	-	-
Kids First Program NW	218,068	960,053	993,590	251,605
Kids First Program NB	359,615	1,534,883	1,559,786	384,518
Preceptorship SAHSN	8,224	-	-	8,224
Youth Criminal Justice (YRG 16)	51,058	57,816	91,800	85,042
Youth Criminal Justice (YRG 16)	38,293	1,495	-	36,798
SUN Partnership Recruit/Retention	299,944	45,224	-	254,720
Co-op Plaza Building - Tenant Damage deposits	-	-	5,918	5,918
Total Non Sask Health	975,607	2,689,917	2,741,136	1,026,825
Total Deferred Revenue	$ 1,637,216	$ 3,714,478	$ 4,058,236	$ 1,980,973

6. DEFERRED REVENUE (continued)

As at March 31, 2013	Balance Beginning of Year	Less Amount Recognized	Add Amount Received (Returned)	Balance end of Year
Sask Health Initiatives				
Autism Spectrum Disorder (OT)	$ 29,139	$ 29,139	$ -	$ -
Infection Control	55,637	55,637	-	-
Enhanced Preventative Dental Services Ini	104,677	104,677	76,700	76,700
Mentorship Program	13,700	-	-	13,700
Philippine Nursing Grant	60,252	60,252	-	-
Primary Care -Pharmacy	55,650	55,650	-	-
Primary Care Maidstone setup	62,804	11,308	-	51,496
Primary Care Meadow Lake setup	74,373	-	-	74,373
BFHC Tobacco Project	203,792	170,074	-	33,718
Primary Care Team Development	50,535	49,308	-	1,227
Retention Grant -Compressed WW	9,000	9,000	-	-
Retention Grant -OT PT	3,985	488	-	3,497
Retention Grant -ML RTC	23,759	51	-	23,708
Perioperative nursing program - LH OR	30,220	17,500	-	12,720
SK Surgical Inititiative	60,000	60,000	-	-
Workforce Planning	62,823	62,823	-	-
Workplace Wellness	223,555	42,550	-	181,005
HIV Strategy - Peer to Peer Initiative	-	-	20,000	20,000
CEC - Collaborative	-	5,535	175,000	169,465
Total Sask Health	1,123,901	733,992	271,700	661,609
Non Sask Health Initiatives				
Acquired Brain Injury Funding	(13,036)	110,996	87,418	(36,614)
HQC -QBS/RTC	39,257	2,238	-	37,019
Integrated Wrap-Around	25,195	25,195	-	-
Kids First Program NW	226,937	996,373	987,504	218,068
Kids First Program NB	403,193	1,594,278	1,550,700	359,615
Preceptorship SAHSN	8,224	-	-	8,224
Youth Criminal Justice (YRG 16)	41,886	81,828	91,000	51,058
Youth Criminal Justice (YRG 16)	42,616	4,323	-	38,293
SUN Partnership Recruit/Retention	350,172	50,228	-	299,944
Total Non Sask Health	1,124,444	2,865,459	2,716,622	975,607
Total Deferred Revenue	$ 2,248,345	$ 3,599,451	$ 2,988,322	$ 1,637,216

These contributions are restricted for the provision of specific programs and are recognized as revenue in the year the related expenses are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

	Operating Fund		Restricted Funds			
	2014	2013	Capital Fund	Community Trust Fund	Total 2014	Total 2013
(Increase) Decrease in accounts receivable	$ (4,552,635)	$ (858,281)	$ 154,053	$ -	$ 154,053	$ 1,114,405
(Increase) Decrease in inventory	(211,030)	340,992	-	-	-	-
(Increase) Decrease in prepaid expenses	936,096	(1,247,793)	-	-	-	-
(Increase) Decrease in financial instruments	545,379	(828,125)	-	29,449	29,449	(80,683)
Increase (Decrease) in accounts payable	411,941	(584,525)	(362,276)	6,749	(355,527)	(451,488)
Increase (Decrease) in accrued salaries	4,468,364	270,840	-	-	-	-
Increase (Decrease) in vacation payable	514,696	218,334	-	-	-	-
Increase (Decrease) in deferred revenue	210,035	(611,129)	133,723	-	133,723	-
Increase (Decrease) in employee future benefits	41,300	28,500	-	-	-	-
	$ 2,364,146	$ (3,271,187)	$ (74,500)	$ 36,198	$ (38,302)	$ 582,234

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2014 was $746,639 (2013 - $638,879). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

a) *Related Party Transactions (continued)*

	2014	2013
Revenues		
3sHealth (formerly SAHO)	$ -	$ 208,000
Ministry of Justice	59,311	86,151
Ministry of Education	2,594,936	2,690,651
Ministry of Social Services	402,960	461,030
Saskatchewan Housing Corporation	99,267	113,338
Saskatchewan Worker's Compensation Board	487,679	511,764
SGI Canada Insurance Services Ltd.	269,075	293,545
	$ 3,913,228	$ 4,364,479
Expenditures		
3sHealth (formerly SAHO)	$ 8,330,646	$ 8,213,867
Battleford Family Health Care	1,049,253	1,160,471
eHealth Saskatchewan	521,139	446,554
Heartland Health Region	12,426	-
Light Of Christ Catholic School Division	20,985	-
Ministry of Finance	289,271	282,960
Ministry of Central Services	1,344,161	1,324,017
North Sask. Laundry & Support Services Ltd.	2,604,748	2,149,852
Northwest School Division	80,000	-
Public Employees Superannuation	446,303	476,703
Public Service Superannuation	-	5,359
Regina Qu'Appelle Regional Health Authority	-	14,903
Saskatchewan Energy	535,712	531,981
Saskatchewan Government Insurance	13,625	-
Saskatchewan Health Care Employees Pension Plan	10,872,900	10,357,368
Saskatchewan Institute of Applied Sciences & Technology	28,360	-
Saskatchewan Power Corporation	2,154,364	4,392,894
Saskatchewan Telecommunications	1,029,329	1,087,625
Saskatchewan Transportation Company	10,793	11,288
Saskatchewan Worker's Compensation Board	2,573,325	2,312,682
Saskatoon Regional Health Authority	67,932	127,279
Sunrise Health Region	11,627	
University of Saskatchewan	30,835	61,980
	$ 32,027,734	$ 32,957,783
Accounts Receivable		
3sHealth (formerly SAHO)	$ -	$ 169,705
eHealth Saskatchewan	21,174	-
Health Quality Council	-	37,998
Heartland Regional Health Authority	17,367	25,343
Keewatin Yatthé Regional Health Authority	12,107	12,107
Ministry of Central Services	7,226	14,876
Ministry of Social Services	65,136	73,305
Saskatoon Regional Health Authority	-	77,963
Saskatchewan Government Insurance	16,989	-
Société Joseph Breton Inc.	565,419	478,489
University of Saskatchewan	191,992	-
	$ 897,410	$ 889,786

9. RELATED PARTIES (continued)

a) *Related Party Transactions (continued)*

	2014	2013
Prepaid Expenditures		
3sHealth (formerly SAHO)	$ 23,646	$ -
Battleford Family Health Care	-	79,696
Canadian Mental Health Association (SK Division) Inc.	-	12,477
Edwards Society Inc.	-	34,166
eHealth Saskatchewan	46,170	74,593
Libbie Young Centre Inc.	-	39,062
Lloydminster Emergency Care Services (1989)	-	33,696
Marshall's Ambulance Care Ltd.	-	35,112
North Sask. Laundry & Support Services Ltd.	-	12,368
Points West Living Lloydminster Inc.	-	186,245
Saskatchewan Telecommunications	17,929	-
Saskatchewan Worker's Compensation Board	626,307	626,067
Société Joseph Breton Inc.	-	113,382
Walter A. "Slim" Thorpe Centre Inc.	-	46,141
WPD Ambulance	-	87,408
	$ 714,052	$ 1,380,413
Accounts Payable		
3sHealth (formerly SAHO)	$ 551,358	$ 564,843
Canadian Mental Health Association	12,400	-
eHealth Saskatchewan	170,275	-
Ministry of Central Services	213,880	329,027
Minister of Finance	54,829	-
North Sask. Laundry & Support Services Ltd.	243,793	180,871
Saskatchewan Energy	97,402	20,882
Saskatchewan Health Care Employees Pension Plan	1,444,483	1,317,579
Saskatchewan Power Corporation	74,418	52,642
Saskatchewan Telecommunications	97,468	95,274
Saskatoon Regional Health Authority	-	10,854
Société Joseph Breton Inc.	111,545	-
	$ 3,071,851	$ 2,571,972

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

9. RELATED PARTIES (continued)

b) Health Care Organizations

i. Prescribed Health Care Organizations (HCOs) and Third Parties

The RHA has also entered into agreements with prescribed HCOs and third parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and third parties.

	2014	2013
Canadian Mental Health Association (SK Division) Inc.	**$ 152,890**	$ 151,827
Edwards Society Inc.	**433,410**	413,495
Libbie Young Centre Inc.	**503,745**	474,145
Lloydminster Emergency Care Services (1989)	**500,442**	492,165
Marshall's Ambulance Care Ltd.	**873,878**	873,878
Points West Living Lloydminster Inc.	**2,290,825**	2,234,943
Portage Vocational Society Inc.	**70,926**	70,432
Walter A. "Slim" Thorpe Centre Inc.	**557,573**	553,697
WPD Ambulance	**2,097,797**	2,114,775
	$ 7,481,486	$ 7,379,357

ii. Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates.

The following presentation discloses the amount of funds granted to the affiliate:

	2014	2013
Société Joseph Breton Inc.	**$ 2,801,751**	$ 2,721,173

9. RELATED PARTIES (continued)

b) ***Health Care Organizations** (continued)*

ii. Affiliates (continued)

The Ministry of Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2013 and 2012 and for the years then ended:

	2014	2013
Balance Sheet		
Assets	$ **1,731,806**	$ 2,000,468
Net Capital Assets	**1,169,098**	1,174,761
Total Assets	$ **2,900,904**	$ 3,175,229
Total Liabilities	$ **963,775**	$ 1,308,320
Total Net Assets (Fund Balances)	**1,937,129**	1,866,909
	$ **2,900,904**	$ 3,175,229
Results of Operations		
RHA Grant	$ **2,801,751**	$ 2,721,173
Other Revenue	**624,642**	616,929
Total Revenue	**3,426,393**	3,338,102
Salaries and Benefits	**2,882,087**	2,805,858
Other Expenses *	**474,086**	421,839
Total Expenses	**3,356,173**	3,227,697
Excess of Revenues over Expenses	$ **70,220**	$ 110,405

* Other Expenses includes amortization of $72,949 (2013 - $67,673).

	2014	2013
Cash Flows		
Cash from Operations	$ **52,991**	$ 369,874
Cash used in Financing Activities	**(359,553)**	(37,372)
Cash used in Investing Activities *	**(69,344)**	(126,412)
Increase in cash	$ **(375,906)**	$ 206,090

* Investing Activities includes capital purchases of $67,286 (2013 - $123,886).

9. RELATED PARTIES (continued)

b) *Health Care Organizations* *(continued)*

iii. Fundraising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

Lloydminster Region Health Foundation Inc.

The RHA has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $558,667 (2013 - $731,834) to Prairie North Regional Health Authority of which $297,541 (2013 - $56,371) is payable at March 31, 2014.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The RHA has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $554,995 (2013 - $600,752) to Prairie North Regional Health Authority of which $20,203 (2013 - $43,887) is payable at March 31, 2014.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The RHA provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The RHA has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $91,779 (2013 - $62,119) to Prairie North Regional Health Authority of which $62,154 (2013 - $36,271) is payable at March 31, 2014 .

From time to time, the Meadow Lake Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

Twin Rivers Health Care Foundation Inc.

The RHA has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $46,390 (2013 - $20,393) to Prairie North Regional Health Authority of which $36,096 (2013 - $4,240) is payable at March 31, 2014 .

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2013 balances have been reclassified to conform to the current year's presentation.

11. EMPLOYEE FUTURE BENEFITS

a) *Pension Plan*

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making the required payments to these plans according to their applicable agreements.

4. Alberta Local Authorities Pension Plan (LAPP) – This is a defined benefit plan that is the responsibility of the Province of Alberta. The RHA's financial obligation to the plans is limited to making the required payments according to the current agreement.

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2012, which is the latest available financial information, is $4,977,303,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll and is estimated to be $280,140 as at March 31, 2014 (2013 - $158,760). The obligation will be partially reduced through increased contribution rates.

Pension expense is included in Compensation-Benefits in Schedule 1 and is equal to the contribution amount below.

	2014					2013
	SHEPP[1]	**PSSP**	**PEPP**	**LAPP**	**Total**	Total
Number of active members	2,408	2	113	191	2,714	2,561
Member contribution rate, percentage of	8.10-10.7%	7.0-9.0%	5.0-7.0%	10.39-11.39%		
RHA contribution rate, percentage of salary	9.07-11.98%	524%	5.0-7.0%	14.84-15.84%		
Member contributions (thousands of dollars)	8,891	0	426	929	10,246	9,436
RHA contributions (thousands of dollars)	9,958	0	446	1004	11,408	10,519

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absense as of March 31, 2013. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

Pension plan contribution rates have increased as a result of recent deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio 1.12 to 1. Contribution rates continue to increase until the next actuarial reports are completed.

11. EMPLOYEE FUTURE BENEFITS (continued)

b) *Accumulated sick leave benefit liability*

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The RHA has completed an actuarial valuation as of March 31, 2013 with an estimated valuation to March 31, 2014. Key assumptions used as inputs into the actuarial calculation are as follows:

	2014	2013
Discount rate	**2.85%**	2.50%

		2014	2013
Accrued benefit obligation, beginning of year	**$**	**6,962,100**	$ 6,933,600
Cost for the year		**1,209,600**	1,185,200
Benefits paid during the year		**(1,168,300)**	(1,156,700)
Accrued benefit obligation, end of year	**$**	**7,003,400**	$ 6,962,100

12. BUDGET

The RHA approved the 2013-14 budget plan on May 29, 2013.

13. FINANCIAL INSTRUMENTS

a) *Significant Terms and Conditions*

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) *Financial Risk Management*

The RHA has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

The Chairperson ensures that the RHA has identified its major risks and ensures that management monitors and controls them. The Chairperson oversees the RHA's systems and practices of internal control, and ensures that these controls contribute to the assessment and mitigation of risk.

c) *Credit Risk*

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. The RHA is also exposed to credit risk from cash, short-term investments and investments.

13. FINANCIAL INSTRUMENTS (continued)

c) *Credit Risk (continued)*

The carrying amount of financial assets represents the maximum credit exposure as follows:

		2014		2013
Cash and short-term investments	**$**	**12,120,055**	$	13,893,484
Accounts Receivable				
Ministry of Health - General Revenue		**6,008,346**		1,370,399
Other		**4,057,529**		4,296,894
Investments		**1,979,969**		2,554,797
	$	**24,165,899**	$	22,115,574

The RHA manages its credit risk surrounding cash and short-term investments and investments by dealing solely with reputable banks and financial institutions, and utilizing an investment policy to guide their investment decisions. The RHA invests surplus funds to earn investment income with the objective of maintaining safety of principle and providing adequate liquidity to meet cash flow requirements.

d) Market Risk

Market risk is the risk that changes in market prices, such as foreign exchange rates or interest rates will affect the RHA's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

i. Foreign exchange risk:

The RHA operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the RHA. The RHA believes that it is not subject to significant foreign exchange risk from its financial instruments.

ii. Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

Financial assets and financial liabilities with variable interest rates expose the RHA to cash flow interest rate risk. The RHA's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates. The RHA's mortgages payable outstanding as at March 31, 2014 and 2013 have fixed interest rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As at March 31, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the RHA's financial instruments would have decreased or increased by approximately $36,762 (2013 - $35,965), approximately .97% of the fair value of investments (2013 - .98%).

13. FINANCIAL INSTRUMENTS (continued)

e) *Liquidity Risk*

Liquidity risk is the risk that the RHA will not be able to meet its financial obligations as they become due.

The RHA manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and anticipated investing and financing activities.

At March 31, the RHA has a cash balance of $12,120,055 (2013 - $13,893,484).

f) *Fair Values*

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $8,257,463 (2013 - $7,306,787) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies .

Determination of fair value

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

For financial instruments listed below, fair value is best evidenced by an independent quoted market price for the same instrument in an active market. An active market is one where quoted prices are readily available, representing regularly occurring transactions. Accordingly, the determination of fair value requires judgment and is based on market information where available and appropriate. Fair value measurements are categorized into levels within a fair value hierarchy based on the nature of the inputs used in the valuation.

Level 1 – Where quoted prices are readily available from an active market.
Level 2 – Valuation model not using quoted prices, but still using predominantly observable market inputs, such as market interest rates.
Level 3 – Where valuation is base on unobservable inputs.

There were no items measured at fair value using level 2 or level 3 in 2013 or 2014.

There were no items transferred between levels in 2013 or 2014.

	2014			2013		
	Level 1	**Level 2**	**Total**	Level 1	Level 2	Total
Investments	**$ 1,979,969**	**$ -**	**$ 1,979,969**	$ 2,554,797	$ -	$ 2,554,797
Mortgages payable	**$ 8,562,195**	**$ -**	**$ 8,562,195**	$ 7,611,441	$ -	$ 7,611,441

13. FINANCIAL INSTRUMENTS (continued)

g) *Unrecognized Financial Instruments*

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures. The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of $67,275.

14. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF ALBERTA HEALTH SERVICES (FORMERLY EAST CENTRAL HEALTH)

General

The RHA is responsible for providing health services to Saskatchewan residents. The RHA provides health services to Alberta residents under the Bi-Provincial Lloydminster Health Services Agreement with Alberta Health Services (AHS). This agreement sets out the general principles and processes with respect to:

- **i)** The health services to be provided and the service areas and/or populations to be served by the RHA on behalf of AHS;
- **ii)** The operating, equipment and capital funding and any other related payments to be provided by AHS to the RHA;
- **iii)** The management and operation of the Dr. Cooke Extended Care Centre by the RHA;
- **iv)** The management and direction of Dr. Cooke Extended Care Centre employees by the RHA; and
- **v)** The reporting and accountability requirements in respect of the services provided by the RHA on behalf of AHS. Specific details on some of these matters have to be concluded as addenda to this agreement.

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to AHS under the RHA of Order In Council #106/95 dated March 31, 1995.

The RHA manages and operates this facility on behalf of AHS.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

		2014		2013
Balance Sheet				
Cash and Short-Term Investments	$	**13,455**	$	14,142
Accounts Receivable		**40,754**		54,015
Inventory		**16,361**		14,849
Total Assets	$	**70,570**	$	83,006
Accounts Payable	$	**74,347**	$	80,398
Accrued Salaries		**40,849**		25,028
Accrued Vacation Pay		**385,649**		454,319
Employee Future Benefits		**224,700**		218,400
Fund Deficit		**(654,975)**		(695,139)
Total Liabilities and Fund Balance	$	**70,570**	$	83,006
Results of Operations				
AHS Grant	$	**8,250,920**	$	7,192,211
Other Revenue		**2,087,061**		2,000,899
Total Revenue		**10,337,981**		9,193,110
Salaries & Benefits		**8,178,270**		8,340,461
Other Expenses		**1,618,390**		1,666,066
Total Expenses *		**9,796,660**		10,006,527
Excess of Expenses over Revenue	$	**541,321**	$	(813,417)

* Expenses include the Authority's allocated costs of $962,212 (2013 - $1,049,976).

The RHA has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of AHS.

15. ENERGY RENEWAL PROJECT

Energy performance contracting is a unique program that allows the RHA to implement facility improvements, reduce energy costs, improve health and comfort conditions while contributing to the province's environmental objectives. *SaskPower Energy Solutions* performed extensive research to establish a baseline of annual cost savings they guarantee as part of this project. The project is expected to provide utility cost savings that will pay for the cost and financing of this project within an established time frame. Any additional savings are calculated and verified by methods established in the contract and are applied to the loan. Prairie North RHA entered into a guaranteed energy performance savings contract with *SaskPower Energy Solutions Company*.

The total cost of the energy performance contract is $3,501,820 plus GST. As at March 31, 2014, construction costs of $3,477,635 (2013 – $2,958,199) plus GST have been financed through a $3,500,000 term debt facility with a balance of $3,218,003 outstanding (2013 - $3,399,031), which bears interest at a rate of 3.75%. The term debt facility is amortized over a period of 15 years .

Results of the energy renewal project since its inception are:

	2014	2013	Prior	Total
Estimated Utility Savings	$ 289,858	$ 173,915	$ -	$ 463,773
Interest Costs	124,406	26,295	-	150,701

16. CONTINGENCIES

Lawsuits

The RHA is currently involved in three legal claims. The RHA's insurance coverage would be adequate to cover the claims. The outcome of these legal claims cannot be determined at this time and, accordingly, no liability has been recorded in these financial statements.

17. PAY FOR PERFORMANCE

Effective April 1, 2011 a pay for performance compensation plan was introduced. Amounts over 90% of base salary are considered "lump sum performance adjustments". Senior employees are eligible to earn lump sum performance adjustments up to 110% of their base salary. During the year, senior employees are paid 90% of current year base salary and lump sum performance adjustments related to the previous fiscal year. At March 31, 2014, lump sum performance adjustments relating to 2013-14 have not been determined as information required to assess senior employee performance is not yet available.

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2014

	Budget 2014	Actual 2014	Actual 2013
Operating:			
Advertising & public relations	$ 48,550	$ 54,851	$ 71,541
Board costs	128,960	156,409	128,378
Compensation - benefits	31,795,021	30,687,977	29,228,438
Compensation - employee future benefits	41,300	41,300	28,500
Compensation - salaries	156,871,076	157,475,985	150,650,278
Continuing education fees & materials	503,335	498,338	639,071
Contracted-out services - other	6,925,900	7,949,706	6,942,798
Diagnostic imaging supplies	254,805	289,543	260,802
Dietary supplies	265,325	314,931	311,082
Drugs	2,588,400	2,701,963	2,848,995
Food	3,733,850	3,952,290	3,930,404
Grants to ambulance services	3,472,117	3,472,117	3,480,818
Grants to health care organizations & affiliates	6,644,409	6,813,570	6,629,712
Housekeeping & laundry supplies	1,214,725	1,316,171	1,331,723
Information technology contracts	1,559,980	1,934,312	1,557,972
Insurance	340,000	359,852	339,140
Interest	32,500	46,553	35,029
Laboratory supplies	1,639,500	2,075,167	1,996,991
Medical & surgical supplies	7,305,020	8,550,529	8,302,112
Medical remuneration & benefits	20,736,622	21,044,880	19,191,322
Meetings	90,930	146,681	126,183
Office supplies & other office costs	1,642,241	2,237,171	2,220,546
Other	2,830,001	3,570,709	2,485,848
Professional fees	1,184,511	1,623,447	1,289,067
Prosthetics	485,000	467,336	586,415
Purchased salaries	744,510	1,201,674	728,586
Rent/lease/purchase costs	1,867,824	1,860,344	2,030,408
Repairs & maintenance	3,164,924	4,184,798	4,148,626
Supplies - other	931,645	1,354,584	1,335,270
Therapeutic supplies	-	1,723	1,402
Travel	1,081,790	1,798,370	3,039,005
Utilities	3,031,920	3,467,095	3,364,932
Total Operating Expenses	$ 263,156,691	$ 271,650,376	$ 259,261,394
Restricted:			
Amortization		$ 7,957,370	$ 7,658,908
Loss/(Gain) on disposal of fixed assets		105,369	29,385
Mortgage interest expense		330,950	233,512
Other		-	56,688
		$ 8,393,689	$ 7,978,493

Schedule 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2014

	Fair Value	Maturity	Effective Rate
Restricted Investments* -Capital Fund			
Cash and Short Term Investments			
Chequing and Savings:			
Synergy Credit Union, Lloydminster	1,027,478		
	1,027,478		
Restricted Investments* -Community Fund			
Cash and Short Term Investments			
Chequing and Savings:			
Edam Credit Union	131,284		
Goodsoil Credit Union	47,680		
Innovation Credit Union, Meadow Lake	421,904		
Innovation Credit Union, North Battleford	194,237		
R.M. of Frenchman Butte	9,885		
R.M. of Hillsdale	56,686		
Synergy Credit Union, Lloydminster	27,912		
Town of Cut Knife	202,701		
Town of Lashburn	25,384		
Town of Marshall	1,022		
Town of St Walburg	25,263		
Village of Waseca	9,558		
	1,153,516		
Long Term Investments			
Goodsoil - Cdn Western GIC	16,508	06-Jun-16	2.06%
Goodsoil - Cdn Western GIC	16,551	19-May-15	2.40%
Edam Credit Union	50,000	23-Jan-18	1.25%
Edam Credit Union	20,000	30-Nov-16	1.25%
	103,059		
Total Restricted Investments -Community Fund	**1,256,575**		
Subtotal	**2,284,053**		

* Restricted Investments consist of:
-Community Generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
-Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation held in the Capital Fund (Schedule 4).

Schedule 2 (continued)

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF INVESTMENTS
For the Year Ended March 31, 2014

	Fair Value	Maturity	Effective Rate
Balance Forward	$ 2,284,053		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
Innovation Credit Union	900,122		
Synergy Credit Union	7,014,561		
Turtleford Credit Union	3,974		
Equities	300		
Petty Cash	13,743		
Synergy Credit Union	168,911	11-Jan-15	1.80%
CDN Western Bank GIC	27,476	12-May-14	2.75%
Credential Securities Manulife TR GIC	30,784	12-Jan-15	2.25%
Credential Securities Concentra GIC	109,450	20-Oct-14	2.65%
Synergy Credit Union	53,834	03-Dec-14	2.40%
Synergy Credit Union	54,273	03-Dec-15	2.65%
Synergy Credit Union	45,923	25-Jun-14	3.00%
Synergy Credit Union	231,678	28-Dec-14	1.70%
Synergy Credit Union	458,158	28-Dec-14	1.35%
Synergy Credit Union	247,159	29-Dec-14	1.40%
Synergy Credit Union	114,575	17-Jun-14	1.30%
Synergy Credit Union	188,896	11-Jun-14	1.30%
Synergy Credit Union	275,244	14-Mar-15	1.80%
	9,939,061		
Long Term			
Credit Union Member shares	5		
Member equity	77,295		
Synergy Credit Union	45,254	25-Jun-17	2.15%
Credential Securities GIC	49,517	04-May-16	2.51%
Synergy Credit Union	243,921	7-Jun-15	3.72%
Synergy Credit Union	45,923	25-Jun-15	3.00%
Manulife GIC	52,058	23-Nov-15	2.95%
Synergy Credit Union	244,800	29-Dec-18	2.37%
Synergy Credit Union	45,308	24-Jun-16	2.50%
Synergy Credit Union	53,328	02-Dec-16	2.20%
Credential Securities RBC GIC	106,028	10-Jan-17	2.67%
Synergy Credit Union	236,544	29-Dec-16	1.65%
Synergy Credit Union	53,450	03-Dec-17	2.15%
Synergy Credit Union	136,173	13-Dec-16	1.94%
Synergy Credit Union	45,558	15-Jun-16	1.94%
Synergy Credit Union	53,850	03-Dec-17	2.04%
Credential Securities GIC	27,605	04-May-15	2.41%
Credential Securities GIC	34,660	04-May-16	2.06%
Credential Securities GIC	31,219	09-Jul-15	2.05%
Credential Securities HOME TR GIC	101,496	09-Jul-15	2.06%
Credential Securities BMO GIC	74,723	24-Sep-15	1.90%
Credential Securities CDN Western GIC	74,723	24-Sep-15	1.90%
Synergy Credit Union	43,472	28-Jan-16	2.40%
	1,876,910		
Total Unrestricted Investments -Operating Fund	**11,815,971**		
Total Investments	**$ 14,100,024**		
Restricted and Unrestricted Totals			
Total Cash & Short Term	**12,120,055**		
Total Long Term	**1,979,969**		
Total Investments	**$ 14,100,024**		

Schedule 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2014

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donations	Expenses	Withdrawals	**Balance End of Year**
L. Gervais Memorial Health Centre	$ 79,222	$ 875	$ -	$ -	$ -	**$ 80,097**
Northland Pioneer Lodge	416,841	4,605	-	-	-	**421,446**
Lady Minto Health Centre	208,630	1,343	2,566	-	-	**212,539**
Saskatchewan Hospital	195,049	1,932	-	-	-	**196,981**
River Heights Lodge	7,269	994	-	-	-	**8,263**
R.M. of Cut Knife	144,948	638	-	-	-	**145,586**
R.M. of Frenchman Butte	9,798	43	-	-	-	**9,841**
R.M. of Hillsdale	56,032	247	-	-	-	**56,279**
Town of Cut Knife	42,294	186	-	-	-	**42,480**
Town of Lashburn	25,115	111	-	-	-	**25,226**
Town of St. Walburg	24,917	110	-	-	-	**25,027**
Village of Marshall	1,021	5	-	-	-	**1,026**
Village of Rockhaven	15,461	68	-	-	-	**15,529**
Village of Waseca	9,465	41	-	-	-	**9,506**
	$ 1,236,062	$ 11,198	$ 2,566	$ -	$ -	**$ 1,249,826**
Total Externally Restricted Funds	$ 1,236,062	$ 11,198	$ 2,566	$ -	$ -	**$ 1,249,826**

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2014

	Balance Beginning of Year	Investment Income Allocated	Annual Allocation from Unrestricted fund	Other Income	Transfer to Unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance End of Year
Capital							
CMHC Replacement Reserves							
Cut Knife & District Special Care Home Inc.	$ 32,514	$ 645	$ 9,340	$ -	$ (683)	$ (32,272)	**$ 9,544**
L.Gervais Memorial Health Centre	-	-	4,500	-	-	(4,500)	-
Lloydminster and District Senior Citizens Lodge	-	-	13,000	-	(2,153)	-	**10,847**
Northland Pioneers Lodge	149,583	2,966	-	-	(2,550)	(20,185)	**129,814**
Turtle River Nursing Home	64,978	1,288	-	-	-	-	**66,266**
Total CMHC	247,075	4,899	26,840	-	(5,386)	(56,957)	**216,471**
Other Internally Restricted Funds							
Donation Funds	814,958	-	-	117,267	-	(154,260)	**777,965**
Capital Equipment replacement	-	-	56,250	-	-	-	**56,250**
ER Renovation	177,980	-	-	-	-	(122,314)	**55,666**
Northland Pioneers Lodge	306,212	3,076	-	-	-	-	**309,288**
Ambulance replacement	142,784	-	104,508	-	-	-	**247,292**
Total Capital	1,689,009	7,975	187,598	117,267	(5,386)	(333,531)	**1,662,932**
Operating							
Other Internally Restricted Funds							
Donation Funds	346,080	-	-	110,204	(89,421)	-	**366,863**
Total Operating	346,080	-	-	110,204	(89,421)	-	**366,863**
Total Internally Restricted Funds	$ 2,035,089	$ 7,975	$ 187,598	$ 227,471	$ (94,807)	$ (333,531)	**$ 2,029,795**

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

Schedule 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF:

BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2014

	2014							2013
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	**Total**	Total
Chairperson								
O'Grady, Bonnie	$ 9,960	$ 29,156	$ 12,919	$ 9,765	$ 157	$ 2,361	**$ 64,318**	$ 54,293
Board Member								
Christensen, Ben	-	4,550	788	1,563	383	191	**7,475**	6,502
Churn, Gillian	-	3,913	1,113	1,448	-	182	**6,656**	10,167
Fiddler, Richard	-	-	-	-	-	-	-	630
Hoffman, Wayne	-	3,250	750	1,453	383	131	**5,967**	6,135
Lamon, Terry	-	-	-	-	-	-	-	2,274
Lundquist, Helen	-	6,525	1,963	4,213	-	360	**13,061**	10,422
Pike, Jane	-	4,675	2,275	4,979	383	277	**12,589**	7,017
Reid, Trevor	-	3,675	1,763	3,322	375	166	**9,301**	10,345
Sauer, Leanne	-	8825	2,138	5,328	1,950	436	**18,677**	15,584
Sharma, Anil	-	4,275	888	894	-	196	**6,253**	1,374
Speer, Donald	-	-	-	-	-	-	-	730
Wouters, Glen	-	3,170	951	1,934	431	144	**6,630**	-
Young, Colleen	-	-	-	-	-	-	-	4,103
Total	$ 9,960	$ 72,014	$ 25,548	$ 34,899	$ 4,062	$ 4,444	**$ 150,927**	$ 129,576

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2014

	2014					2013		
Senior Employees	Salaries[1]	Benefits and	Sub-total	Severance	**Total**	Salaries,	Severance	Total
Fan, David - CEO	$ 330,690	$ 65	$ 330,755	$ -	**$ 330,755**	$ 397,872	$ -	$ 397,872
Chabot, Lionel - VP	227,117	65	227,182	-	**227,182**	225,023	-	225,023
Denis, Irene - VP	227,117	65	227,182	-	**227,182**	224,945	-	224,945
Jiricka, Barbara - VP	-	-	-	-	-	50,728	-	50,728
Keller, Jerry - VP	-	-	-	-	-	65,926	-	65,926
King, Gloria - VP	170,631	65	170,696	-	**170,696**	38,912	-	38,912
Smart, Vikki - VP	171,742	65	171,807	-	**171,807**	40,667	-	40,667
Uzelman, Glennys - VP	-	-	-	-	-	207,943	-	207,943
Total	$1,127,297	$ 325	$ 1,127,622	$ -	**$ 1,127,622**	$ 1,252,016	$ -	$ 1,252,016

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee(s) were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance pay is reflected in the year paid. Salaries and benefits for 2014 include performance adjustments for the 2012-13 fiscal year paid out in the 2013-14 fiscal year. Refer to Note 17 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

Appendix A - Payee Disclosure List

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2014

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Abbott-Swiderski, Tammy	$ 73,816
Abraham, Swapana	58,884
Abrams, Courtney	78,077
Acaster, Dianne	125,205
Adamson, Amanda	58,781
Adamson, James	65,217
Agraviador, Edda Aura	102,650
Aguilo, Jocelyn	57,499
Ahmad, Afshan	77,029
Akre, Kim	67,108
Albert, Lori	61,715
Alejo, Jennifer	88,859
Alex, Joji	85,975
Alexander, Carol	55,423
Allan, Lori D.	73,867
Allan, James	59,536
Allan, Melissa	106,273
Allen, Sean	78,857
Almond, Deanne	59,730
Almond, Rosemary	76,710
Amediku, Benjamin	113,555
Amusat, Ismaila	92,720
Anderson Callbec, Trina	111,408
Anderson, Fawn	55,416
Anderson, Lorilynn	87,035
Andoyo, Nelter	91,012
Andrews, Cheri Lyn	100,626
Antinero, Ma. Anna	135,815
Antonio, Dowsan	56,757
Antony, Anson	144,781
Aquino, Sally F.	50,352
Arcand, Christine	111,244
Arneson, Lillian	53,113
Arnold, Shelley	79,820
Asbury, Colin	93,973
Ashworth, Stephanie	90,487
Aubichon, Verna	65,724
Aure, Riza	53,662

Auriat, Odette	$ 142,138
Austin, Audra	115,639
Ayhan, Rachel	98,240
Aznar, Chariss	98,603
Azupardo, Keyleen	121,859
Baby Purayidam, Sheril	77,614
Bacchetto, Theresa	80,820
Bailey, Anita	100,833
Bailey, Todd	119,152
Baldinus, Debra	94,535
Ball, Nicole	86,433
Balysky, Arnold	53,253
Banas-Mcewen, Rossana	62,134
Bandola, James	74,592
Banez, Maria "Daisy"	56,209
Banks, Shannon	68,242
Banks, Shelly	79,525
Banks, Tara	52,630
Bannerman, Annette	73,520
Bannerman, Charlene	75,150
Bannister, Jennifer	69,815
Barclay, Grant	60,546
Barclay, Nyna	62,665
Barker, Catherine	72,429
Barnett, Isabelle	93,781
Baron, Lauren	59,717
Barr, Idella	93,879
Barth, Jennifer	67,745
Bartkewich, Catherine	88,152
Basilio, Catherine	100,777
Batucan, Joanner	118,243
Bauer, Matthew	59,618
Bauer, Robert	95,436
Bauming, Holly	140,911
Baynham, Carrie	96,178
Baynham, Jacquelin	110,183
Baynton, Frances	52,303
Beaubien, Janet	73,828
Beaudry, Valerie	55,166
Beckman, Barbara	98,492
Beler, Brenda	95,384
Bell, Nancy	68,392

Personal Services (continued)

Bellanger, Kristin	$ 87,237
Belsheim, Chantelle	50,223
Beltran, Kathryn	50,818
Bencharski, Karen	94,539
Bendall, Lucy	94,690
Bendick, Brenda Le	50,424
Benoit, Heather	84,623
Bentley, Blaine	89,439
Bentley, Regina	151,190
Berg, Kelly	69,685
Bernard, Cassandra	54,346
Berthelette, Charlotte	51,203
Bertsch, Shirley	86,911
Berube, Reghan	64,883
Best, Wade	81,571
Best, Peggy	113,630
Biden, Amanda	67,613
Bielecki, Joanne	83,534
Biemans, Nicole	65,723
Bilanski, Lisa	73,543
Binny, Alicia	92,765
Bird, Esther	59,153
Birkett, Bryan	65,481
Birkett, Sandra	68,151
Bishara, Chantal	62,199
Bishop, Marla	85,921
Blain, Marion	90,559
Blais, Elaine	91,404
Blais, Louise	93,831
Blais, Valerie	81,360
Bland, Erin	75,577
Blandin, Ashley	90,700
Blaquiere, Jennifer	104,994
Blaquiere, Mary Jean	56,805
Bloch Hansen, Kathryn	75,600
Blocha, Doreen	67,521
Bloom, Bethany	61,370
Blouin, Rhonda	58,979
Blyth, Michelle	67,378
Blythe, Edith	104,259
Bodnar, Cynthia	228,574
Boehm, Kristina	86,437
Boehm, Melissa	61,127
Bogdan, Melanie	103,223
Bohay, Alejandra	70,904
Bolig, Shylo	51,143
Booth, Beverly	91,623
Borabo, Jocelyn	50,129
Borthwick, Daniella	87,792
Boskill, Carmin	88,480
Boskill, Sharon	65,359
Bourassa, Candace	70,192
Bouvier, Erin	74,476
Bowman, Jodi	65,614
Boyer, Desiree	102,171
Boyer, Claudette	71,865
Boyer, Jessica	56,023
Braaten, Cathy	$ 65,099
Brander, Edna	67,811
Brataschuk, Cathie	53,500
Brausse, Connie	76,471
Brennan, Catherine	51,775
Brick, Dean	106,356
Brick, Lorette	56,926
Britton, June	53,925
Brochu, Kristine	88,016
Brodbin, Marie	85,643
Brow, Denise	56,295
Brow, Robert	82,969
Browarny, Tonya	72,719
Brown, Dianne	53,533
Brown, Candace	65,082
Brown, Christine	78,723
Brown, Robert	112,186
Brucks, Susan	70,419
Brust, Nicole	72,004
Buan Salazar, Nichole	104,583
Buchynski, Kenneth	111,556
Buck, Gloria	68,925
Buhler, Jenna	92,146
Bullock, Karen	87,227
Bullock, Lloyd	119,224
Bunnell, Diane	100,682
Burnouf, Jeannine	66,466
Burrell, Jonathan	62,848
Burroughs, Penny	82,358
Burrows, Ashley	89,065
Burrows, Kimberly	59,533
Busche, Kimberley	80,719
Bussiere, Allyssa	58,659
Byl, Kathy	84,718
Cadrin, Lois	63,038
Cain Buglas, Jacalyn	91,611
Cameron, Greg	76,389
Camgoz, Lynn	106,662
Campbell, Jessica	92,322
Campbell, Lauren	79,268
Campbell, Tara	52,694
Campen, Katie	55,354
Canfield, Robyn	91,433
Carey, Debbie	120,459
Carey, Lorelie	73,503
Caron, Michael	114,209
Cavanagh, Nicole	63,648
Chabot, Lionel	227,117
Chan, Rick	57,369
Charabin, Brenda	90,821
Chartier, Timothy	69,928
Chatelaine, Rachel	51,969
Chaykowski, Brenda	94,394
Cheenanow, Leona	65,694
Chermcara, Gail	63,948
Cherniak, Misha	84,028
Chisholm, Owen	73,384
Choe, Yoon	79,658
Cholin, Jennifer	67,223

Personal Services (continued)

Chomicki, Doreen	$ 59,750
Chrapko, Natalie	112,977
Christianson, Christine	73,685
Chubb, Patricia	138,615
Chuiko, Paula	58,764
Clancy, Catherine	85,487
Clark, Margaret	70,597
Clark, Marlene	52,156
Clarke, Darlene	91,157
Clarke, Penni	70,587
Coleman, Glenys	96,561
Collinge, Dianne	84,936
Collins, Cheryl	50,471
Collins, Shari	73,897
Conacher, Ashley	93,108
Conacher, Laurie	63,277
Conacher, Michaela	51,573
Concepcion, Jean	91,025
Cook, Danelle	64,763
Cook, Robert	112,840
Cooling, Janisa	70,729
Corbeil, Alan	74,282
Cornista, Teeny	123,062
Corpe, Cathy	82,416
Corrigal, Twyla	65,505
Cortez, Dennis	69,189
Craig, Irene	97,651
Creighton, Nikki	59,497
Crickard, Karen	83,664
Crone, Eileen	96,291
Crossman, Doris	60,733
Crush, Noreen	57,929
Cubbon, Karen	55,189
Cuff, Shalon	69,887
Cuff, Shirley	69,132
Custer, Cory	72,484
Cyrette, Michelle	59,842
Dahl, Glenda	72,280
Dalke, Kimberly	66,808
Dallyn, Lauri	69,933
Dallyn, Megan	82,058
Danderfer, Arleen	50,834
Daniels, Jacquelin	85,646
Danilkewich, Krysta	56,047
Danilkewich, Mandy	60,742
Danyluk, Jason	75,525
Davidson, Allan	52,834
Davidson, Jody	137,987
Davidson, Theresa	73,176
Davies, Sara	64,378
Davis, Jane	92,516
Day, Kelly	108,351
Day, Myles	56,861
De Bruin, Shannon	71,877
De Strake, Jill	76,264
Dearborn, Anna	53,564
Decelle, Kathy	73,963
Degenstein, Amanda	$ 95,934
Degenstien, Erin	80,243
Del Frari, Phyllis	50,002
Dell, Carmen	60,602
Deneschuk, Judith	88,336
Denis, Irene	227,117
Derdall, Kent	71,260
Derkatz, Rhonda	133,324
Derkatz, Trevor	151,621
Desmarais, Lana	58,468
Dewolfe, Sandra	76,157
Dodsworth, Dawn	82,566
Dolney, Chantelle	74,598
Domes, Shannon	50,546
Domshy, Beverley	58,192
Donahue, Leslie	96,633
Donald, Brenda	85,862
Donald, Janet	64,507
Donald, Lori	59,926
Doom, Chelsey	61,084
Doom, Debra	87,383
Doshen Gervais, Lisa	68,394
Douville, Lorraine	53,110
Draskic, Manuela	61,500
Du Plooy, Zelda	57,664
Duchscherer, Wayne	54,962
Duddridge, Shawn	94,148
Dumouchel, Kathryn	83,908
Duncan, Diana	91,387
Dunning, Nicholas	83,135
Dupuis, Darlene	106,584
Dupuis, Lori	81,812
Duriez, Anne	62,096
Dustow, Verlyne	104,665
Dutton, Shellie	76,070
Ebach, Chris	75,951
Eberle, Cindy	111,065
Ecker, Rebecca	56,208
Edwards, Timothy	84,441
Eidsvik, Morgan	52,986
Elder, Leita	90,586
Eliasson, Fred	76,585
Ellenor, Linda	59,422
Elliott Rumpf, Karen	68,913
Elliott, Bernice M.	51,929
Ellis, Shana	79,373
Engelke, Carmel	95,428
Engelke, Johann	97,068
English, Dawn	53,862
English, Roderick	106,539
Ens, Jennifer	71,340
Enyioma, Adaobi	60,517
Erana, Gladys	50,360
Ernst, Bernadett	100,508
Etcheverry, Chris	114,007
Etcheverry, Geoff	99,190
Etcheverry, Lionel	67,790
Eveleigh, Shanna	174,692

Personal Services (continued)

Ewanchuk, Eunice	$ 50,948
Ewanchuk, Lindsay	54,326
Fader, Kristine	78,501
Fafard, Sandra	71,782
Fairley, Tammy	61,970
Fan, Colleen	75,661
Fan, David	330,690
Farr, Alannah	90,523
Farrell, Barbara	90,537
Farrell, Danielle	64,839
Farrell, Erin	79,367
Fedler, Danielle	63,456
Fedorchuk, Hannah	74,977
Ferbey, Kelly	88,253
Ferderer, Joy Lyn	55,998
Ferland, Armande	91,421
Fernandez, Kohleen	102,832
Ferron, Shelley	51,037
Figurasin, Hyacinth	65,058
Fillion, Janice	101,001
Flath, Kimberly	78,035
Flegel, Erika	55,982
Fleury, Jason	52,523
Forbes, Gary	54,812
Forbes, Shelley	91,499
Ford, Brittiany	75,123
Foster, Wendy	82,794
Francais, Garrett	99,465
Fransoo, Colais	102,053
Fransoo, Paul	91,879
Freeman, Caroline	107,511
Freimark, Judy	64,936
Frey, Geoff	78,921
Frey, Jared	73,630
Friedrich, Andy	93,762
Friesen, Karen	66,451
Fung, Teresa	98,927
Gabruch, Colleen	73,921
Gallano, Florinda	70,470
Gamble, Jonathon	53,903
Gamble, Leslie	81,660
Garland, Kimberly	74,574
Gatzke-Bartusek, Tammy	104,744
Gavigan, Stephanie	56,252
George, Suneesh	92,194
Gerbig, Karen	100,694
Gerbrandt, Gloria	105,112
Gerlinsky, Lisa	108,700
Gervais, Donnell	110,741
Gessner, Monique	93,015
Getzinger, Cindy	72,357
Gieni, Kathleen	60,500
Gill, Chris	80,982
Gill, Harpreet	70,647
Gill, Paramjeet	73,899
Gill, Rosanne	80,745
Gillego, Abigail	74,985

Gillen, Toby	$ 104,350
Gillespie, Laurie	91,064
Glowa, Lorne	116,596
Gohil, Kartik	59,917
Gorchinski, Cindy	86,760
Gosling, Kerri	90,569
Graf, Jan	64,721
Graham, Gloria	52,704
Graham, Donna	51,575
Graham, Shiela	73,122
Grant, Sandra	104,771
Grasby, Michele	92,489
Gratton, Candace	82,215
Graupe, Lori	118,076
Gravelle Allenby, Angela	99,286
Graw, Esther	69,967
Greenfield, Robert	62,443
Greenwald, Kelly	89,350
Greenwald, Tammy	75,890
Greenwood, Beverly	100,216
Gregg, Joanne	60,007
Gregoire, Ashley	52,618
Gregoire, Gillian	112,052
Grela, Joseph	82,050
Greschner, Matthew	73,930
Greschner, Nadyne	80,166
Griffin, Lorraine	77,946
Grift, Peggy	102,391
Grigo, Sandra	80,307
Grychowski White, Lorraine	117,989
Gubbe, Greg	95,102
Gubbe, Joanne	76,385
Gubbe, Spencer	95,548
Guderyan, Lisa	106,088
Guieb, Carmencit	69,410
Gullickson, Deborah	62,390
Gumtang, May Julie	50,423
Gustafsson, Laurie	93,108
Gusztak, Lewko	420,739
Gysler, Debora	99,371
Hadland, Brenda	104,279
Haftner, Debra	66,008
Hager, Genien	72,041
Hagerty, Tammy	74,259
Haggard, Alison	58,506
Hall, Jeanette	112,381
Halter, Darlene	54,331
Halter, Chelsie	60,503
Hamel, Denise	65,208
Hames, Lisa	97,502
Hames, Shelly	68,974
Hamilton, Charlotte	115,377
Hamilton, Stephanie	50,256
Hampton, April	51,057
Hampton, Debra	61,435
Hanna, Christine	67,960
Hanna, Pamela	87,161
Hannah Paulhus, Joyce	111,742

Personal Services (continued)

Hansen, Jennifer	$ 69,886
Harder, Audrey	71,816
Harms, Shannon	92,370
Harper, Howard	62,081
Harper, Rose	75,018
Harrison, Garth	73,437
Harrison, Shelly	72,526
Hart, Freda	60,673
Hartter, Charlotte	51,179
Harvey, Tricia	90,142
Hasselberg, Leah	115,020
Haughian, Terrie	93,446
Hawkins, Naida	58,374
Haycock, Jacobi	100,508
Hayward, Kimberley	64,357
Heidel, Kellie	94,535
Heidel, Michelle	93,779
Hein, Renee	91,477
Heintz, Shannon	111,858
Heintz, Wendy	105,703
Heit, Tara	61,570
Henderson, Mendi-Lee	68,038
Hepp, Raquel	80,420
Herbel, Amie	86,932
Hettinger, Jody	67,921
Hetu, Deborah	72,028
Hiebert Sturrock, Lannis	69,456
Hiebert, Olivia	78,486
Hillaby, Vanessa	88,358
Hilsendager, Brent	73,451
Hines, Tyler	102,792
Hladun, Celine	70,653
Hnatiw, Carrie	86,937
Hnatiw, Darryl	73,155
Hodges, Kevin	50,220
Hoganson, Mardelle	101,859
Hoglander, Lorna	55,618
Holba, Barbara	100,098
Holden, Raechel	75,095
Hood, Clinton	58,565
Horn, Janice	101,460
Horpestad, Beverlie	72,280
Horrex, Susan	109,438
Horsman, Shelly	129,942
Horvath, Mitchell	61,061
Hotel, Robert	65,654
Houk, Valerie	52,769
How, Cindy	92,481
How, Ernie	118,786
Hritzuk, Nadya	53,285
Hritzuk, Celine	78,095
Hryn, Donna	74,430
Hryniuk, Carol	112,860
Huang, Kevin	68,005
Huard, Darlene	63,360
Huard, Patricia	63,093
Huber, Jodie	101,492

Huebert, Kristin	$ 109,513
Hughes, Kelly	112,205
Hulme, Angela	59,295
Hume, Louise	70,330
Humenny, Christa	83,507
Humenny, Tara	71,399
Hupaelo, Jody	67,886
Hurley, Jay	88,246
Hurley, Katrina	77,535
Huxley, Adrienne	76,827
Huxley, Denise	69,020
Hydukewich, Judith	60,484
Hynes, Lacy	68,207
Igberaese, Florence	57,909
Igini Close, Marie	100,428
Illingworth, Cherie	81,199
Illingworth, Connie	118,092
Ingram, Louanne	72,371
Ingram, Marlene	65,692
Inting, Jacinta	55,829
Ip Fung Chun, Roger	200,227
Iron, Shelly	67,329
Iturralde, Cecille	60,692
Iturralde, Lailani	132,772
Iverson, Darryl	76,738
Iverson, Saraya	52,353
Ives, Shaunna	56,044
Iwanchuk, Debbie	92,576
Jack, Jill	69,362
Jack, Shirley	72,570
Jackson, Sharon	109,183
Jacob, Linju	132,690
Jacobs, Kristen	83,182
Jaindl, Sharon	73,587
Jamieson, Claudette	106,976
Jamieson, Jennifer	59,933
Jamieson, Valerie	64,674
Jeffrey, Evangelin	97,339
Jeffrey, Miles	97,228
Jensen, Sarah	55,524
Jesse, Lorrieann	65,223
Jewell, Jennifer	86,453
John, Jomet	82,202
Johner, Maxine	68,568
Johnson, Brook	75,680
Johnson, Jessica	65,647
Johnson, Lavona	50,075
Johnson, Shanda	68,077
Johnston, Chanel	64,385
Johnston, Nancy	58,124
Jones, Gloria	102,990
Jones, Judy	70,188
Jonsson, Estate Of	120,654
Jorgenson, Patsy	69,423
Jose, Sunu	88,002
Joshi, Ankit	54,478
Joy, Megha	86,072
Juarez, Michael	83,940

Personal Services (continued)

Kachmarski, Don	$ 57,164
Kahpeaysewat, Annette	59,956
Kainberger, Carole	52,721
Kalra, Jitender	63,492
Kaltenborn, Vicki	103,680
Kalyn, Rhonda	64,922
Kalynchuk, Valarie	54,621
Kanz, Bobbi	66,244
Kaplar, Gwendolyn	99,866
Karay, Elvira	75,544
Karlson, Pamela	72,422
Karp, Deena	51,680
Karpluk, David	64,644
Kearnan, Nancy	66,225
Kelch, Marie	61,109
Keller, Brandi	71,048
Kelly, Carl	58,143
Kelly, Erin	78,081
Khabibulin, Rynat	65,702
Kinchen, Tina	92,545
Kindrachuk, Karen	71,506
King, Gloria	170,631
Kingwell, Darlene	80,436
Kipp, Renee	72,580
Kirkland, Marianne	82,497
Kish, Sharon	59,217
Klassen, Marlon	85,042
Klippenstein, Allan	72,917
Klippenstein, Darcy	79,353
Knibbs Bell, Rebecca	75,361
Knight, Jasmine	69,120
Knutson, Theresa	94,696
Koch, Lori	133,829
Kohuch, Judy	91,215
Konlan, Binamin	90,680
Konzelman, Ailsa	62,943
Koop, Kristi	66,681
Koopman, Joslyn	68,801
Kotun, Laurie	91,382
Kovacich (Branconnier), Sherri L.	124,166
Kozinski, Judy	54,209
Kozlowski, Koreen	69,512
Kramer, David	71,605
Kramer, Kaeley	76,117
Kramm, Michael	65,409
Krepps, Denice	115,183
Krushelnitzky, Krista	84,501
Kube, Donna	67,126
Kuffner, Anne-Mari	77,544
Kulyk, Kathleen	60,955
Kuntz, Coralie	73,221
Kunzelman, Jeff	70,347
Kurc, Dorota	85,856
Kuziak, Joan	71,994
Labrash, Tammy	57,799
Lafleur, Tammy	66,004
Lafreniere, Pamela	116,402

Lajeunesse, Kristinn	$ 54,473
Lajoie, Jamie	56,471
Laliberte, Tanya	64,347
Lalonde, Florence	74,671
Lamon, Pamela	56,109
Lamoureux, Peggy	144,978
Landreth, Janet	94,639
Landrie, Cynthia	99,902
Lange, Janine	64,538
Laplante, Christina	69,145
Larsen, Rebecca	70,493
Larson, Crystal	55,731
Larson, Melinda	56,121
Laurin, Carolyn	97,315
Lauritzen, Dianne	78,051
Lavallee, Charmayne	64,662
Laventure, Colleen	70,464
Lavoie, Gail	94,339
Lavoie, Judy	92,706
Lavoie, Lydia	57,907
Laws, John	57,405
Lay, Julia	55,198
Lee, Kathy	73,499
Leepart, Jennifer	70,349
Legere, Jeremie	53,510
Legrow, Courtney	57,395
Leitner, Jean	95,936
Leniuk, Janine	103,872
Lepage, Charley	101,504
Letwinetz, Bonnie	96,779
Lewis, Linda	82,435
Lindquist, Laura	63,406
Lindquist, Murray	121,421
Lindquist, Randy	121,632
Lisko, Tamara	74,661
Lockhart, Becky	60,727
Lockhart, Joyce	109,072
Loewen, Cody	59,660
Loewen, Heather	79,626
Loney, Shirley	90,002
Loranger, Brittany	84,696
Lorenz, Sharon	77,179
Loveday, Marsha	87,730
Lubianesky Mckin, Amanda	52,660
Lumingo, Sheena Le	51,127
Lupul, Christine	54,817
Lychak, Tremayne	87,244
Lynds, Dalmar	115,110
Lynds, Sarah	53,713
Lyon, Kelly	110,267
Macdonald, Joan	83,330
Mackinnon, Andrea	68,537
Mackinnon, David	94,207
Mackrell, Ashton	53,666
Mackrell, Carol	111,308
Macleod, Roy	124,424
Maclure, Martha	87,582
Macnab, Brenda	62,204

Personal Services (continued)

Macnab, Ralph	$ 94,620
Macnab, Sharon	77,431
Makin, Rebecca	60,720
Malekoff, Debra	58,799
Malicsi, Cecil	57,598
Malicsi, Warren	65,143
Maloney, Maria	79,048
Mamer, Theresa	62,811
Manegre, Nicole	88,250
Manegre, Sherri	99,979
Manglal-Lan, Maria	64,228
Mangona, Catrina C	118,625
Mani, Mini	122,355
Mann, Devin	101,641
Marchadour, Donna	71,099
Marciniuk, Sherry	55,846
Marcoux, Jennifer	60,355
Marshall, Nicole	85,763
Martens, Debbie	92,183
Martinson, Karen	90,190
Mason, Betty	101,347
Massey, Delia	63,171
Matechuk, Joan	82,860
Matheson, Michaela	67,702
Mathew, Seema	79,413
Maunula, Margaret	67,980
Mayer, Jody	66,476
Maze, Courtney	72,469
Mcadam, Charlene	67,271
Mcallister, Nicole	70,058
Mccallum, Georgette	77,301
Mcclean, Chantel	82,239
Mccord, Chad	73,357
Mcdonald, Melanie	67,699
Mcfadyen, Monique	89,391
Mcgee, Philip	105,356
Mcgillis, Barbara	68,891
Mcginley, Victoria	69,598
Mcintyre, Darcy	88,361
Mckay, Carey	66,004
Mckay, Shirley	78,582
Mckee, Roberta	54,821
Mckeen, Michael	63,022
Mckenzie, Rema	58,948
Mcknight, James	58,896
Mclaughlin, Marykate	78,620
Mcleod, Mary	86,859
Mcmaster, Sarah	72,711
Mcmaster, Teresa	71,509
Mcmillan, Dorothy	101,879
Mcmillan, Teresa	57,242
Mcmurphy, Melissa	93,148
Mcneil, Dana	109,438
Mcneill, Shawna	102,212
Mcnie, Allyson	68,367
Mcrae, Joan	75,830
Mcwatters, Patricia	111,584
Meagher, Lisa	$ 67,666
Mee, Brad	61,374
Meier, Jarvis	71,785
Meier, Terry	74,250
Meikle, Mary Lynn	54,321
Melchior, Jacquelin	92,950
Melin, Shannon	90,787
Melling, Lynne	98,626
Meneses Lefebvre, Aurora	53,463
Menzel, Colleen	69,453
Menzel, Natalie	50,205
Mercredi, Paula	60,690
Metlewsky, Michelle	82,958
Michaud, Jeanne	85,835
Michaud, Therese	108,040
Michel, Marlene	52,085
Miller Marinier, Terrylynn	87,416
Miller, Alden	56,577
Milligan, Karen	88,006
Mills, Patricia	65,586
Millsteed, Sussan	51,586
Milnthorp, Randi	72,374
Misselbrook, Bernie	54,716
Mitchell, Cheryl	107,402
Momin, Nilofer	106,392
Moncrieff, Rachelle	89,272
Moore, Bailey	52,188
Moore, Leona	69,851
Morin, Roxanne	101,273
Mota, Ana	64,773
Mudry, Sarah	72,902
Mulhall, Brad	71,864
Mundt, Cynthia	98,007
Munn, Heather	75,289
Munroe, Frank	81,306
Muranetz, Patricia	53,781
Murphy, Debbie	71,193
Murray, Bruce	299,774
Mushka, Linda	66,059
Muyres, Erin	84,237
Muzyka, Sherrill	67,700
Myers, Kristal	78,162
Myszczyszyn, Debbie	92,796
Nachtegaele, Glenn	73,892
Nachtegaele, Lori	63,043
Nachuk, Sara	77,385
Nagy, Sylvia	103,597
Nairn, Krista	70,282
Nash, Faith	82,474
Navarro, Lori	96,263
Ndhlovu, Samkeliso	60,660
Neil, Garrett	79,174
Neil, Katherine	96,300
Neish, Ria	81,101
Nelson, Cheryl	57,919
Nelson, Donna	95,319
Newton, Chanda	52,580
Newton, Kylie	62,509

Personal Services (continued)

Nguyen, Thu	$ 71,560
Nichol, Jessica D	53,366
Nickerson, Kylie	57,547
Nielsen, Tracie	118,091
Nixon, Brent	61,454
Nixon, Rhonda	76,332
Nordell, Stacy	65,387
Norris, Teresa	56,546
Noyes, Kylie	63,123
Noyes, Lori	121,046
Nyholt, Pamela	86,786
Nystrom, Dawn	113,547
Oborowsky, Nicole	70,156
Obrien, Geoffrey	65,807
Obrien, Shea	83,603
Oddan, Irene	96,416
Ogbonna, China	61,170
Ogbonna, Chinedu	63,861
Ohanlon, Tanya	62,774
Olenick, Glenna	94,177
Oliphant, Kendra	61,469
Oliver, Diane	69,694
Oliver, Lisa	101,304
Oliver, Lynda	97,340
Oliveros, Josephine	57,927
Ollen, Joan	84,478
Olsen, Kim	52,381
Olsen, M Joanne	102,649
Olson, Donna	58,700
Ong, Maricel	54,056
Opperman, Lori	58,478
Oquinn, Jeanne	111,703
Orr, Robin	74,933
Orriss, Cliff	61,859
Ostapowich, Irene	116,624
Oster, Gail	52,260
Ouellette, Keith	123,100
Ovens, Lucie	72,007
Palidwor, Marion	92,243
Palmer, Cecelia	55,279
Palmer, Lindsay	77,831
Palmier, Shannon	65,908
Panton, David	66,162
Park, Jennifer	71,641
Parker, Monique	87,787
Parker, Scott	93,111
Parrill, Cindy	111,205
Pashniak, Sandra	64,620
Passey, Jocelyn	55,769
Pastrana, Sherwin	98,421
Pasupuleti, Venkata	85,280
Patel, Hetal	57,877
Patel, Rakeshkum	60,629
Pateman, Lori	71,985
Patterson, Rhonda	62,867
Pattinson, Leah	51,794
Paul, Anso	51,058

Paul, Bismi	$ 69,873
Pawlus, Laurelle	63,401
Paylor, Lindsay	92,927
Pecua, Mary	92,045
Peek, Wilma	76,492
Pekas, Maribeth	116,509
Pelech, Jason	64,217
Perillat, Andrea	60,858
Perrin, Colleen	64,904
Perry, Carrie	64,028
Perry, Mari	103,277
Peters, Patience	50,691
Peterson, Deborah	50,028
Peterson, Janet	86,329
Petovello, Jennifer	89,606
Petruk, Lue	59,846
Petruk, Paula	88,819
Petryshyn, Brenda	98,652
Phillip, Timeka	97,619
Phommavong, Dur	67,694
Piatt, Roger	85,764
Pidwerbeski, Janice	90,616
Pidwerbeski, Kelli	60,846
Pidwerbeski, Kristan	85,524
Pierce Argue, Glenda	72,349
Pikaluk, Brendan	65,059
Piper, Diane	110,209
Pitman Fisher, Patricia	102,325
Plummer, Pamela	117,333
Politeski, Linda	67,666
Pollock, Stephen	82,648
Poole, Alicia	74,743
Pototschnik, Meaghan	59,978
Potter, Alanna	65,548
Poulsen, Ashley	67,539
Preston, Colleen	117,060
Prieur, Nicole	51,435
Primas, Randi	50,298
Pritchard, Melissa	87,589
Prosser, Linda Anne	52,437
Prystupa, Edna	61,600
Prystupa, Richard	63,231
Prystupa, Tracey	113,285
Ptolemy, Joyce	70,272
Purdy, Katie	91,768
Purves, Crystal	55,269
Pyle, Nathan	100,010
Pylot, Brenda	70,230
Pynten, Kyla	88,542
Quist, Ronald	76,865
Rackel, Mary	94,387
Radchenko, Danielle	68,162
Rafuse, Kristina	51,469
Rahm, Greg	60,189
Rahm, Melanie	62,034
Raiche Bogdan, Karen	94,181
Ramos, Jonathan	63,497
Ramshaw, Merle	100,195

Personal Services (continued)

Rathke Kubik, Candace	$ 102,774
Rau, Robin	82,411
Raw, Julie	86,965
Rawlyk, John	91,849
Ray, Presley	83,231
Redix, Tony	77,132
Regis-Bolah, Velma	147,062
Reiber, Marnie	60,518
Reid, Yvonne	69,459
Reimer, Bruce	128,838
Reinhart, Cathy	98,630
Reis, Angelina	68,041
Reiter, Russell	72,400
Rekimowich, Tanis	89,443
Rempel, Shelly	81,057
Renaud, Helen	90,549
Renaud, Jeff	85,522
Reynolds, Jacquelin	51,191
Rhinehart, Leanna	50,205
Ribey, Coleen	78,900
Richard, Adrianne	78,251
Rideout, Rikki	66,998
Ries, Alyssa	89,461
Riess, Alyssa	69,395
Rindero, Gaylene	86,508
Rindero, Lynzie	127,277
Ring, Terry	53,954
Risling, Cora	64,129
Roach, Alyssa	62,744
Roach, Joyce	85,564
Robb, Kerri	62,952
Robertson, Craig	62,987
Robertson, Eileen	75,576
Robertson, Lindsay	101,502
Robinson, Lorraine	57,048
Robinson, Alice	91,483
Robinson, Shelley	94,627
Roenspies, Melissa	86,841
Rogers, Corrinne	81,117
Rogers, Helen	60,269
Rohovich, Carol	112,613
Rono, Summer	100,797
Roschker, Allison	82,050
Ross, Debra	73,433
Ross, Genevieve	82,126
Ross, Heather	105,788
Ross, Karen	101,467
Roszlein, Diane	165,308
Rotsey, Marilyn	91,464
Roussel, Debbie	95,000
Rowe, Sarah	87,932
Rowland, Mary	78,421
Rowley, Amanda	71,938
Roy, Debra	50,949
Roy, Melodie	88,311

Rubidge, Glen	$ 67,940
Rudrick, Jana	72,946
Runge, Adria	76,523
Rutley, Jodi	93,711
Rutley, Kerry	66,475
Ruud, Jessica	62,864
Ruzesky, Jolene	56,127
Sack, Gail	64,336
Sack, Linda	59,767
Sack, Valerie	50,498
Sadlowski, Ashley	81,295
Saemann, Kelli	68,415
Salewski, Jennifer	86,332
Samson, Marilen	82,824
San Agustin, Lisabelle	54,853
Sanche, Marc	53,383
Sands, Ian	91,371
Sankey, Sharon	132,151
Santiago, Elizabeth	116,410
Santos, Fernandin	56,554
Santos, Marina	71,240
Santos-Goller, Maryrose	118,223
Saretsky, Neil	70,663
Sargent, Tim	60,707
Sather, Donna	67,474
Savoie, Dallas	112,825
Sawatzky, Yvonne	79,419
Sayers, Chad	106,305
Schafer, Travis	69,311
Schell, Melissa	73,120
Scherman, Laura	69,360
Schlapkohl, Wayne	113,289
Schleibinger, Rhonda	73,066
Schnedar, Lauren	92,645
Schneider, Allison	80,763
Schneider, Lucille	85,195
Schommer, Donna	66,562
Schrempf, Melanie	81,126
Schussler, Kevin	58,429
Schwartz, Gina	76,263
Scott-Olsen, Randa	105,002
Seabrook, Carlie	69,537
Seabrook, Marvin	50,059
Sebastian, Darly	70,270
Secujski, Sonja	50,727
Seib, Donna	63,879
Sendecki, Bonnie	57,001
Senger, Heather	78,818
Serfas, Stephanie	63,853
Sergent, Stacey	80,617
Seru, Malakai	57,682
Seru, Mereamo	134,145
Servold, Brenda	97,949
Seymour, Judith	55,178
Shewchuk, Chelsey	61,262

Personal Services (continued)

Shkopich, Lori	$ 66,665
Shynkaruk, Linda	117,754
Sibley, Nicole	111,423
Sieben, Dianne	77,702
Sieben, Tracy	99,265
Silbernagel, Roxanne	73,840
Simmons, Brenda	60,024
Simon, Leona	55,824
Simon, Curtis	109,713
Simon, Karen	78,099
Simons, Karen	70,819
Sinclair, Dean	82,362
Sinclair, Jacinta	65,793
Skavlebo, Chelsea	68,893
Slager, Tammy	80,722
Sleightholm, Sheri Lyn	66,755
Sletten, Kristy	67,718
Sloan, Todd	54,263
Smart, Vikki	171,742
Smith Jonsson, Lori	62,059
Smith, Brooke	52,639
Smith, Julianne	68,290
Smith, Laurie	60,996
Snyder, Shelly	76,470
Sonmor, Elaine	60,412
Sonnega, Lois	118,303
Southgate, Kari	56,951
Spencer, David	101,486
Spencer, Donna	54,713
Spratt, Debbie	51,797
Spratt, Sheri	63,725
Squair, Laura	127,668
St Amant, Heather	50,412
Staff, Larry	90,469
Staldeker, Debra	98,821
Startup, Ken	82,924
Steel, Rayann	50,346
Steier, Kimberly	55,146
Stein, Eleanor	70,916
Steinborn, Laura	95,058
Stephenson, Karen	59,307
Stevenson, Roberta	52,113
Stieb, Marlene	62,462
Stieb, Morgan	88,121
Stoebich, Haley	89,743
Stoebich, Irene	98,287
Stolte, David	107,663
Stone, Joel	51,697
Stoodley, Peter	65,393
Strueby, Gail	94,409
Styre, Sheila	82,050
Suberlak, Rhonda	107,497
Sutherland, Charene	53,175
Sutherland, Debra	71,490
Sutton, Richard	103,313
Svandrlik, Joleen	60,746
Swan, Terry	$ 60,318
Swatschina, Kara	83,072
Swerid, Judith	78,121
Swerid, Cora	74,186
Swiftwolfe, Joanne	58,565
Swinson, Annabelle	87,501
Sylvestre, Neal	123,408
Tait, Christine	75,343
Tan, Christian	97,839
Tarasoff, Lorna	57,831
Tatchell, Maureen	95,333
Tatton, Colleen	61,382
Taylor, Leanne	58,543
Tayo, Alden	135,184
Tebay, Chelsey	73,113
Tebay, Roberta	165,091
Tenetuik, Jonaya	65,695
Ternes, Ronald	116,893
Thiele, Chris	99,042
Thomas, Patricia	103,457
Thorpe, Sheri	86,636
Timoner, Marietta	88,037
Tkatchuk, Sheila	81,807
Todd, Sarah	54,790
Toews, Celeste	119,241
Tomiyama, Ethel	94,762
Torresan, Megan	58,172
Toupin, Rhonda	52,011
Toye, Colleen	108,615
Treptow, Linda	56,183
Trew, Lorraine	86,104
Trotchie, Wendy	71,704
Tuiloma, Adi	130,456
Turcotte, Brenda	95,802
Turgeon, Michelle	61,935
Turnbull, Brian	52,648
Turnbull, Sandra	64,102
Uhrich, Dennis	55,923
Urff, Barbara	73,313
Utke, Meagan	72,060
Van Der Merwe, Lynette	101,540
Van Metre, Brittney	61,066
Van Nortwick, Linda	91,568
Van Stone, Mike	83,329
Vany, Angele	57,677
Vany, Camelia	55,884
Vany, Yvonne	79,344
Vaters, Linda	80,093
Veikle, Anita	65,085
Verleun, Jeff	65,437
Victor, Ashley	86,629
Villeneuve, Carla	57,733
Wald, Melanie	72,198
Walde, Arischa	63,839
Wall, Tonia	73,069
Wall, Yvonne	77,864
Wallace, Lucy	108,756
Wallace, Tanya	53,695

Personal Services (continued)

Walz, Kristin	$ 112,517
Wang, Mindan	63,408
Warren, Chris	91,152
Warren, Rochelle	91,064
Warrington, Natalie	111,351
Wasson, Lorraine	102,480
Wasyliw, Shelley	105,021
Waters, Patricia	73,306
Watson, Catherine	96,823
Watson, Donna	89,782
Watt, Anne	110,474
Watt, Kelly	97,472
Watt, William	99,761
Wawrykowych, Tim	53,407
Weber, Bonnie	83,452
Weber, Daneen	85,582
Weber, Lori	55,490
Weikle, Mireille	88,485
Weiman, Ashley	75,945
Weitzel, Dianne	72,665
Wells, Chantelle	81,676
Welwood, Lola	59,396
Weninger, Leah	64,448
Wentworth, Joan	105,829
Weppler Heggs, Darlene	92,577
Weran, Karen	82,520
Westfall, Kerry	52,918
Weum, Danielle	65,519
Weum, Tessa	68,764
White, Ashley	81,084
White, Leona	50,414
White, Terry	58,931
Whitehead Pauls, Laurel	69,115
Whittle, Kevin	109,319
Whitton, Charlotte	93,042
Whyte, Sheila	92,228
Wicker, Vicki	56,429
Wiens, Gina	52,653
Wiens, Stacey	67,670
Wiese, Megan	78,635
Wilford, Loucinda	98,669
Wilkes, Michelle	101,124
Williams, Tammy	59,204
Williamson, Donna	98,105
Williamson, Tanya	67,247
Winterhalt, Blaine	96,446
Winterhalt, Deana	57,022
Woloski, Roy	78,243
Wood, Candace	54,661
Wood, Guelda	63,921
Woodworth, Kent	75,168
Workman, Jennifer	57,040
Woytiuk, Andrew	75,497
Woytowich, Ben	53,877
Wright, Christine	88,108
Wright, Melissa	59,084
Wright, Stephanie	95,090
Wutzke, Danielle	$ 53,598
Wychopen, Janice	96,017
Yelland, Bernadett	93,370
Yeung, Heather	65,127
Yeung, Jacky	73,672
Yonan, Jesay	69,104
Yonan, Monica	94,916
Younghans, Marilyn	101,625
Yuen, Wai	126,476
Yushchyshyn, Lisa	56,129
Zacharias, Jade	71,264
Zacharias, Leila	72,359
Zeleny, Tracy	62,474
Zeller, Kaitlin	69,073
Zepp, Dorothy	65,178
Ziegler, Domini	53,911
Zimmer, Joan	132,423
Zinger, Ronda	94,155
Znack, Cara	70,472
Znack, Kelsey	81,051
Zou, Hongyu	68,353
Zou, Jing	64,184
Zwarych, Joan	55,212

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

3Shealth	$ 10,521,109.24
Abbott Laboratories Ltd	105,308.12
Abbvie Corporation	135,044.50
Action Office Interiors	63,924.10
Advanced Electronic Solutions	136,298.36
Alcon Canada Inc	640,884.67
Amt Electrosurgery	64,852.80
Anixter	69,198.22
Aodbt Architecture Interior	107,264.92
Arjohuntleigh Canada Inc	470,743.15
Aupe	61,589.13
Baert Cameron Odishaw Lacock	71,779.52
Bar Engineering	101,616.61
Bard Canada Inc	152,712.27
Baxter Corporation	181,870.59
Beckman Coulter Canada Lp	215,119.34
Bee J'S Office Plus	200,771.29
Bersch & Associates Ltd	58,778.79
Biomed Recovery And Disposal	143,968.30

Supplier Payments (continued)

Biomerieux Canada Inc	$ 184,022.25
Bio-Rad Laboratories	112,344.65
Bomimed	185,612.98
Border City Building Maintenance	64,821.23
Bourassa & Assoc Rehabilitation	64,974.00
Bracco Imaging Canada	67,539.33
Bryngelson & Associates Inc	155,583.75
Bunzlcanada Ltd	172,853.00
Can Corps Of Commissionaires	214,356.60
Can Med Healthcare	53,461.09
Can Mental Health Ass-N B'Ford	56,845.00
Canada Revenue Agency	151,801.00
Cardinal Health Can	1,299,932.27
Carestream Health Canada Co	173,638.38
Carestream Medical Ltd	94,664.45
Cdw Canada Inc.	332,684.30
Cherry Insurance	141,977.60
Christie Innomed	125,717.20
City Of Lloydminster	171,268.84
City Of North Battleford (Eft)	276,276.46
Clark Engineering Inc.	56,062.93
Coca-Cola Bottling Ltd (Win)	53,725.72
Coldwell Banker-City Side Realty	70,350.00
Conmed Canada	203,695.57
Convatec	74,720.76
Convergint Technologies Ltd.	211,556.49
Cpdn/Rcdp	669,086.94
Crestline	181,677.96
Cupe Local 5111	1,355,169.66
Dell Canada Inc.	320,592.66
Direct Energy Business (Calgary)	127,558.25
Direct Energy Business Services	326,155.51
Draeger Medical Canada Inc	105,505.23
Dynalife Dx	967,431.84
Eecol Electric (N.B'Ford) Ltd	89,590.21
Ehealth Saskatchewan	521,138.99
Fibertech Canada	50,031.93
Fisher Scientific	72,141.43
Flame Tech Services 2000	50,520.92
Four K Auto Service	52,046.07
Francis & Company	241,301.00
Ge Healthcare Canada Inc	53,911.82
Geanel Restaurant Supplies	92,606.33
Glowa, Lorne	73,574.39
Golden Opportunites Fund	78,721.32
Gordon Food Services	399,097.27
Grand & Toy	240,811.38
Great West Life Assurance Co	1,025,379.52
Grifols Usa	122,740.34
Health Benefit Trust Of Alberta	328,969.35
Health Sciences Association	216,453.52
Healthmark Ltd	77,896.75
Hill-Rom Canada	98,401.38
Home Hardware (N B'Ford)	66,708.18
Hospira Healthcare Corporation	1,029,674.11
Ibi Group	120,892.04
Idoman Canada	98,176.65

Insight Canada Inc	$ 84,962.80
Instrumentation Laboratory	293,365.98
Instrumentation Laboratory Canad	58,818.29
Johnson & Johnson Medical Prod	1,001,035.54
Johnson Controls	488,498.00
Karl Storz Endoscopy Canada Ltd	91,195.78
Kci Medical Canada Inc	98,543.00
Keir Surgical Ltd	81,749.95
Kemsol Products Ltd	63,188.67
Key West Engineering Ltd.	147,585.88
Laborie Medical Technologies Inc	72,047.89
Lloyd & District Coop (Eft-Rent)	133,018.26
Loraas Environmental Services	84,464.40
M C Healthcare Products Inc	187,988.19
Macquarie Equipment Finance Ltd	285,135.48
Madge, Jason	56,700.00
Marsh Canada Ltd	357,798.96
Mcdougall Gauley-Barristers	53,321.86
Mckesson Canada Corporation	1,076,610.40
Mckesson Distribution Partners	545,395.46
Meadow Lake Assoc Clinic (Eft)	1,025,892.62
Meadow Lake Tribal Council	52,378.79
Medical Mart West	62,332.84
Medisolution (2009) Inc.	172,049.85
Medrad, Inc.	93,717.69
Medtronic Of Canada	71,924.89
Metafore (Sk)	435,573.02
Minister Of Finance (General)	92,250.77
Minister Of Finance (Pst)	196,809.75
Ministry Of Central Services	1,251,700.02
Modern Janitorial Sales & Serv	55,274.07
Multisource Group	62,254.69
N B'Ford Medical Clinic (Eft)	484,813.44
N.B Elevator Service Inc	72,552.30
Nicole Enterprises Inc	144,548.14
Nightingale	52,545.00
North Sk Laundry & Support	2,604,747.95
Northern Strands Co Ltd	126,859.73
Northwest School Division	80,000.00
Olympus Canada Inc	382,629.91
Oneworld Accuracy (Healthmetrx	65,313.36
Ortho-Clinical Diagnostics Cda	60,088.08
Over The Edge Yard Care Services	60,348.28
Oxoid Company	148,590.19
Pacific Fresh Fish Ltd	111,676.52
Paladin Security Group Ltd.	83,212.38
Patients' Vocational Incentive	145,249.27
Pentax Canada Inc	133,963.10
Pentec Energy Ltd.	592,987.50
Philips Healthcare	1,345,076.81
Philips Medical Systems	131,208.72
Physio Control Canada Sales Ltd	53,919.79
Piche'S Precision Painting	101,300.94
Powerland Computers	75,593.70
Prairie Meats	175,774.18
Provincial Medical Supplies Ltd	58,381.09
Public Employees Superannuation	889,387.05
Rapid Refrigeration & A/C	84,253.23

Supplier Payments (continued)

Rbm Architecture Inc	$ 512,994.32
Receiver General For Canada (	44,138,069.64
Receiver General For Canada (Ccr	1,789,908.26
Registered Psychiatric Nurses-Sk	55,680.00
River City Plumbing & Heating	1,083,768.80
Rm Of Cut Knife	62,400.00
Rm Of Eldon 471	152,405.98
Roche Diagnostics	1,128,014.41
Saputo	398,633.40
Saskatoon Health Region-Financia	64,366.15
Saskworks Venture Fund Inc	61,150.00
Schaan Healthcare Products	2,198,399.43
Select Medical Connections Ltd.	100,166.57
Shell Energy North America (Can)	334,934.19
Shepp (Eft)	18,872,143.64
Silvester Glass & Aluminum	110,469.67
Sk Energy	465,651.56
Sk Energy (M Lake)	103,783.78
Sk Power	207,127.20
Sk Power Co (N B'Ford)	1,179,607.70
Sk Power Corporation	951,345.25
Sk Registered Nurses Assoc	259,769.60
Sk Tel (Lloyd)	260,085.92
Sk Tel (N B'Ford)	582,587.42
Sk Tel (Twin Rivers)	74,580.81
Sk Telecommunications	112,075.01
Skyline Refrigeration Ltd	67,305.41
Smith & Nephew	90,061.22
Southmedic Inc	72,040.72
Steris Canada Inc	141,232.98
Stevens Company Limited	388,130.52
Stryker Canada	481,795.76
Sun	746,773.24
Synthes	68,235.78
Sysco (Edmonton)	497,143.13
Sysco (Regina)	1,574,133.88
Sysmex Canada Inc	74,864.14
Teleflex Medical Canada Inc.	89,031.59
Trudell Medical	68,210.33
Tyco Healthcare / Covidien	853,287.90
Ultra Print	69,139.19
Unisource Canada Inc	236,795.82
Van Houtte Coffee (S'To	68,736.30
Village Of Goodsoil (Eft)	56,539.00
Vipond Fire Protection Inc	74,579.49
Vital Aire (Saskatoon)	124,698.90
Vwr International,Ltd	58,879.63
Wallace Meschishnick & Partners	96,372.61
Wbm Office Systems	341,121.81
Wcb Ab-Calgary	123,846.16
Wcb-Sk	2,456,673.86
Western Management Consultants	211,293.99
Weston Bakeries Limited	65,017.18
Wilhelm, Dr R. Leonard	90,000.00
Williams Scotsman Of Canada Inc.	98,450.00
Wood Wyant Canada Inc.	122,548.71
Zimmer West	214,243.87

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Ab Health Services (Mri Billings	$ 255,144
B'Ford Early Childhood (Eft)	98,337
B'Ford Family Health (Eft)	1,021,812
B'Ford Physiotherapy (Eft)	89,402
Can Mental Health Ass-Nb (Eft)	153,940
Children First Child Care (Eft)	453,830
Edwards Society Inc (Eft)	436,913
Libbie Young Centre Inc (Eft)	509,150
Lloyd Emergency Care (Eft)	83,902
Marshall'S Ambulance (Eft)	878,695
Md Ambulance Care Ltd	444,770
North Sk River Municipal (Eft)	301,720
Points West Living Lloyd (Eft)	2,290,825
Portage Vocational Society(Eft)	70,926
Thorpe Recovery Ctr (Eft)	557,573
Villa Pascal (Eft)	2,687,106
Wpd Ambulance (Eft)	2,127,045
Wpd Lloydminster Ambulance(Eft)	417,662

Other Expenditures

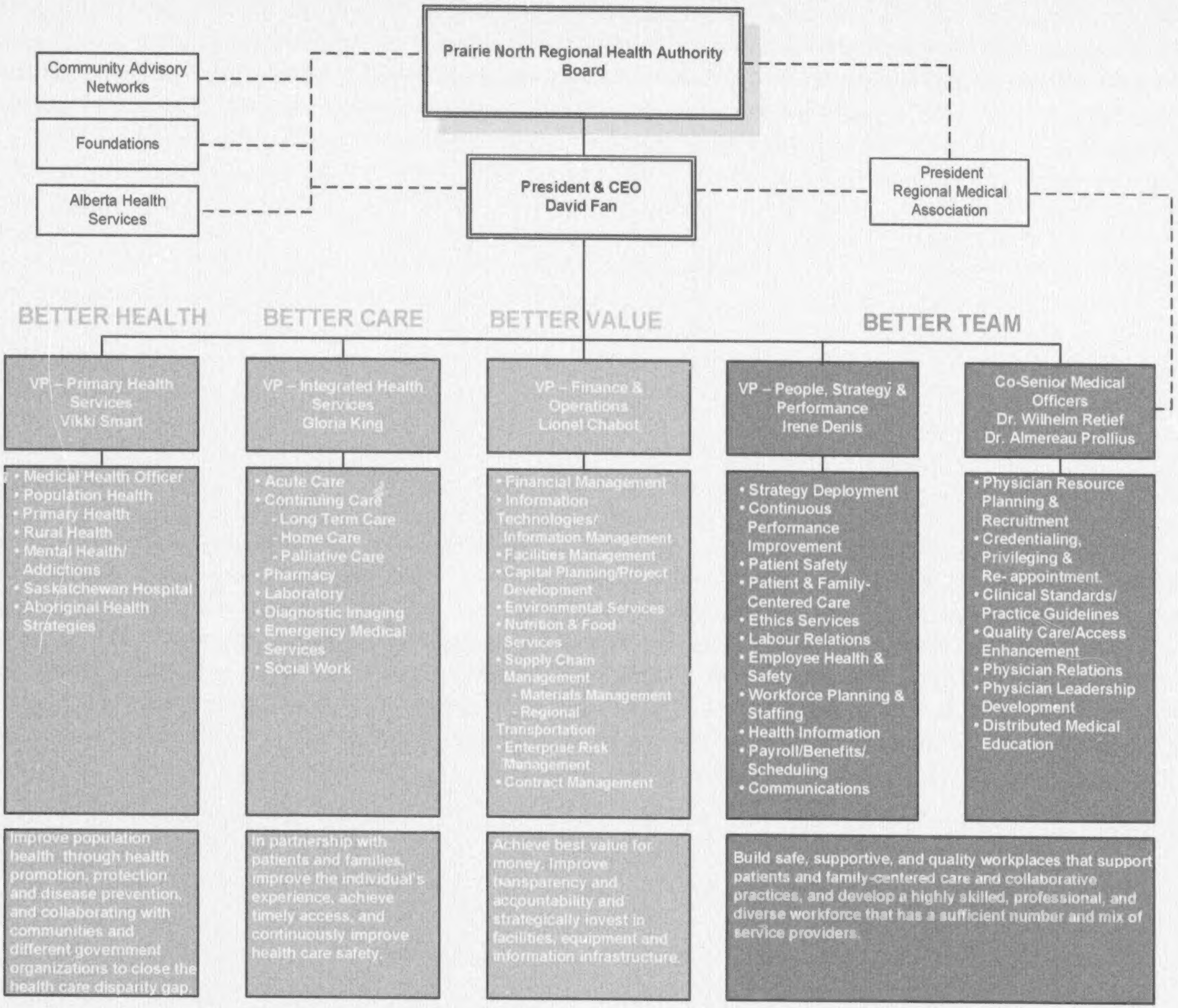
Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Abdulla, Dr Agiela M. K. (Eft)	108,242
Ajegbo, Dr Obiora (Eft)	53,640
Akerman, Dr. Mark (Eft)	97,387
Alavudeen, Dr. Akbar (Eft)	146,015
Alheit, Dr B (Eft)	79,633
Anees, Dr Muhammad (Eft)	78,492
Babkis, Dr Andrey (Eft)	247,346
Bairagi, Dr N (Eft)	445,828
Bairagi, Dr Ranjana (Eft)	131,666
Barnett, Dr. Michael (Eft)	278,803
Bekker, Dr. Leon (Eft)	549,585
Bezuidenhout, Dr Kenneth (Eft)	419,190
Botha, Dr Mj (Eft)	52,718
Bushidi, Dr. Mbuyu (Eft)	255,697
Campbell, Dr. Patricia (Eft)	291,338
Cholin, Brenda Dr (Eft)	311,953
Cohen, Dr. Cindi (Eft)	223,482
Corbett, Dr M (Eft)	125,166
Craib, Dr Gordon (Eft)	73,948
Christie, Colleen (Eft)	57,918
Dandugula, Dr R (Eft)	254,085

Other Expenditures (continued)

Devilliers, Dr Jean P (Eft)	$ 134,855
Du Plessis, Dr Hendrik (Eft)	444,592
Duncan, Dr D (Donnachaid)	401,465
Dunhin, Dr Anneme (Eft)	165,121
Eagles, Dr Valencia (Eft)	218,070
Ekwueme, Dr. Henry (Eft)	64,393
Engelbrecht, Dr Frederik (Eft)	608,246
Faki, Dr Maqsood (Eft)	110,815
Fernandes, Dr. G (Eft)	82,603
Funk, Dr Sandi (Eft)	63,013
Gajjar, Dr Himal H (Eft)	113,069
Geller, Dr Brian (Eft)	190,291
Giles, Dr Roy (Eft)	185,162
Gnanaraj, Dr Leo S (Eft)	277,035
Gusztak, Dr Lewko (Eft)	93,661
Hamilton, Dr. Erin (Eft)	145,863
Holtzhausen, Dr P (Eft)	154,045
Ibarreta, Dr Nelson (Eft)	363,301
Janse Van Rensburg, Dr. L (Eft)	52,536
Johnson, Dr J (Eft)	511,234
Kalala, Dr W (Eft)	345,330
Khurana, Dr Mc (Eft)	83,373
Kostic, Dr Zlatko (Eft)	80,212
Kruger, Dr Js (Eft)	248,816
La Cock, Dr M (Eft)	152,058
Labrador Febles, Dr J A (Eft)	201,026
Laing, Dr. Eloise (Eft)	201,656
Laing, Dr. Johan (Eft)	329,605
Letkeman, Dr Jacob	94,397
Loden, Dr Stephen (Eft)	476,176
Loots, Dr Leani (Eft)	104,816
Maharaj, Dr K (Eft	61,025
Maidstone Medical Clinic (Eft)	88,803
Marcelo, Dr M (Eft)	384,198
Mcmillen, Jan (Eft)	150,382
Mehboob, Dr Mohammad (Eft)	622,045
Melonas, Dr Christopher (Eft)	96,963
Mohamed, Dr.M.A. (Eft)	85,680
Morton, Dr David (Eft)	229,189
Mouton, Dr Andries (Eft)	193,569
Mpomposhe, Dr. Sisanda (Eft)	80,661
Naidoo, Dr Karun (Eft)	58,963
Nwachukwu, Kingsley Dr.(Eft)	336,698
Obikoya, Dr Olubankole (Eft)	370,129
Odiegwu, Dr Np (Eft)	247,480
Ogunlewe, Dr. Obafemi (Eft)	57,509
O'Keeffe, Dr. Patrick (Eft)	84,229
Oshodi, Dr. Abiola (Eft)	63,520
Perkins, Aaron (Eft)	63,271
Prollius, Dr A (Eft)	214,601
Prystupa, Dr Aaron (Eft)	312,705
Ramachandran, Dr K (Eft)	431,301
Ramachandran, Dr N (Eft)	401,551
Reddy, Dr Dhanasagren (Eft)	65,801
Retief, Dr Wilhelm (Eft)	536,154
Roman, Dr Sherwyn (Eft)	194,690
Rossouw, Dr Stephanus (Eft)	$ 129,661
Sabir, Dr M (Eft)	56,020
Seguin, Dr Aimee (Eft)	475,836
Shinyanbola, Dr.Olafimihan (Eft)	99,926
Spangenberg, Dr Df (Eft)	346,260
Stander, Dr I (Eft)	88,841
Stevens, Dr James (Eft)	60,950
Terracap Investments (Eft)	349,219
Titus, Dr Jolene (Eft)	65,623
Tootoosis, Dr Janet (Eft)	188,847
Truter, Dr Rene (Eft)	52,295
Tshatshela, Dr. Mzikayise (Eft)	247,818
Van De Venter, Gavin (Eft)	506,758
Vandermerwe, Dr Ivann (Eft)	123,306
Vandermerwe, Dr Wynand (Eft)	312,129
Vetter, Ruth (Eft)	57,918
Viljoen, Annette (Eft)	202,263
Viviers, Dr W (Eft)	376,666
Yc Consulting Services (Eft)	793,435
Young, Dr Casey (Eft)	161,051

Appendix B - PNRHA Organizational Chart


Prairie North Regional Health Authority Board
Community Advisory Networks
Foundations
Alberta Health Services
President & CEO David Fan
President Regional Medical Association
BETTER HEALTH
BETTER CARE
BETTER VALUE
BETTER TEAM
VP – Primary Health Services Vikki Smart
VP – Integrated Health Services Gloria King
VP – Finance & Operations Lionel Chabot
VP – People, Strategy & Performance Irene Denis
Co-Senior Medical Officers Dr. Wilhelm Retief Dr. Almereau Prollius

VP – Primary Health Services, Vikki Smart
- Medical Health Officer
- Population Health
- Primary Health
- Rural Health
- Mental Health/ Addictions
- Saskatchewan Hospital
- Aboriginal Health Strategies

Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health care disparity gap.

VP – Integrated Health Services, Gloria King
- Acute Care
- Continuing Care
  - Long Term Care
  - Home Care
  - Palliative Care
- Pharmacy
- Laboratory
- Diagnostic Imaging
- Emergency Medical Services
- Social Work

In partnership with patients and families, improve the individual's experience, achieve timely access, and continuously improve health care safety.

VP – Finance & Operations, Lionel Chabot
- Financial Management
- Information Technologies/ Information Management
- Facilities Management
- Capital Planning/Project Development
- Environmental Services
- Nutrition & Food Services
- Supply Chain Management
  - Materials Management
  - Regional Transportation
- Enterprise Risk Management
- Contract Management

Achieve best value for money. Improve transparency and accountability and strategically invest in facilities, equipment and information infrastructure.

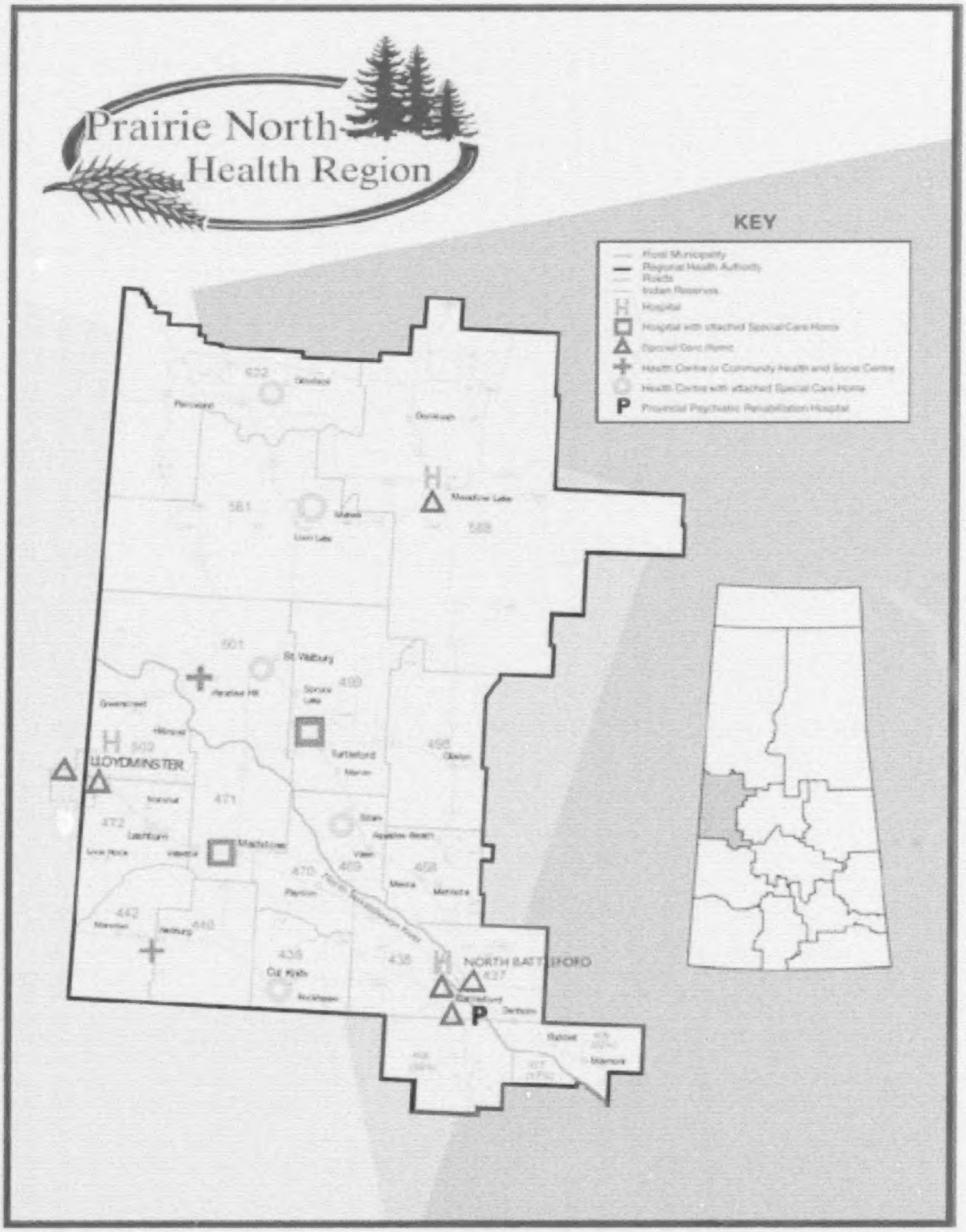
VP – People, Strategy & Performance, Irene Denis
- Strategy Deployment
- Continuous Performance Improvement
- Patient Safety
- Patient & Family-Centered Care
- Ethics Services
- Labour Relations
- Employee Health & Safety
- Workforce Planning & Staffing
- Health Information
- Payroll/Benefits/ Scheduling
- Communications

Co-Senior Medical Officers, Dr. Wilhelm Retief, Dr. Almereau Prollius
- Physician Resource Planning & Recruitment
- Credentialing, Privileging & Re- appointment.
- Clinical Standards/ Practice Guidelines
- Quality Care/Access Enhancement
- Physician Relations
- Physician Leadership Development
- Distributed Medical Education

Build safe, supportive, and quality workplaces that support patients and family-centered care and collaborative practices, and develop a highly skilled, professional, and diverse workforce that has a sufficient number and mix of service providers.

PNHR Org Chart – Management Structure – April 2014.vsd

Appendix C - PNRHA Map


Prairie North Health Region
KEY
Rural Municipality
Regional Health Authority
Roads
Indian Reserves
H Hospital
Hospital with attached Special Care Home
Special Care Home
Health Centre or Community Health and Social Centre
Health Centre with attached Special Care Home
P Provincial Psychiatric Rehabilitation Hospital
622
561
Meadow Lake
588
Loon Lake
501
St. Walburg
499
Spruce Lake
Turtleford
496
502
LLOYDMINSTER
471
472
Maidstone
470
469
468
442
440
439
Cut Knife
438
NORTH BATTLEFORD
437
Battleford
P

Appendix D - PNRHA Facilities and Sites

Following is a list of the separate facilities and sites owned and/or operated by Prairie North Regional Health Authority. Numerous programs and services are available in each of the sites. Total bed numbers for each care facility are sourced from PNRHA's Key Indicator Statistics report.

Two Regional Hospitals:

Battlefords Union Hospital, North Battleford	88 beds, including 22 mental health
Lloydminster Hospital, Lloydminster	66 beds

One District Hospital:

Meadow Lake Hospital, Northwest Health Facility, Meadow Lake	32 beds

Two Community Hospitals with attached Special Care Homes:

Maidstone Health Complex, Maidstone	37 beds
Riverside Health Complex, Turtleford	31 beds

One Provincial Psychiatric Rehabilitation Hospital:

Saskatchewan Hospital, North Battleford	156 beds

Two Health Centres:

Manitou Health Centre, Neilburg
Paradise Hill Health Centre, Paradise Hill

Five Health Centres with Attached Special Care Homes:

Cut Knife Health Complex, Cut Knife	30 beds
Lady Minto Health Care Center, Edam	20 beds
L. Gervais Memorial Health Centre, Goodsoil	18 beds
Loon Lake Health Centre & Special Care Home, Loon Lake	20 beds
St. Walburg Health Complex	32 beds

Six Special Care Homes:

Battlefords District Care Centre, Battleford	117 beds
Dr. Cooke Extended Care Centre, Lloydminster	105 beds
Jubilee Home, Lloydminster	50 beds
Northland Pioneers Lodge, Meadow Lake	55 beds
River Heights Lodge, North Battleford	97 beds
Villa Pascal, North Battleford (Affiliate)	38 beds

Six Main Primary Health Care sites and Seven Satellite PHC Sites

Battlefords Family Health Centre (in partnership with Battle River Treaty 6 Health Services)
- supporting Cut Knife & Neilburg
Primary Health Centre, Frontier Mall, North Battleford
Meadow Lake Primary Health Centre, Meadow Lake - supporting Goodsoil & Loon Lake
Prairie North Health Centre, Lloydminster - supporting Onion Lake
Maidstone Primary Health Clinic - supporting Paradise Hill
Turtleford Primary Health Clinic - supporting Edam and St. Walburg

Five Community Health Services sites

Community Health Services Building, Lloydminster
PNHR Co-op Plaza, Lloydminster
Don Ross Centre location, North Battleford
Prairie North Health Centre, Lloydminster
Lashburn Home Care Office

One Mental Health Services Transition Home:

Donaldson House, North Battleford

One Addictions Treatment Centre:

Hopeview Residence, North Battleford

Appendix E - How to Contact Us

Prairie North Health Region

Corporate Office - Battlefords

Battlefords Union Hospital - Main Floor
1092 - 107 Street
North Battleford, SK
S9A 1Z1

Phone: (306) 446-6606
Fax: (306) 446-4114

Lloydminster Office

Lloydminster Hospital - Main Floor
3820 - 43 Avenue
Lloydminster, SK
S9V 1Y5

Phone: (306) 820-6181
Fax: (306) 825-9880

Meadow Lake Office

Northwest Health Facility - Second Floor
#1 - 711 Centre Street
Meadow Lake, SK
S9Z 1E6

Phone: (306) 236-1550
Fax: (306) 236-5801

Hospitals

Battlefords Union Hospital	306-446-6600
Lloydminster Hospital	306-820-6000
Maidstone Health Complex	306-893-2622
Meadow Lake Hospital	306-236-1500
Riverside Health Complex, Turtleford	306-845-2195

Psychiatric Rehabilitation Hospital

Saskatchewan Hospital North Battleford	306-446-6800

Health Centres

Manitou Health Centre, Neilburg	306-823-4262
Paradise Hill Health Centre	306-344-2255

Health Centres/Special Care Homes

Cut Knife Health Complex	306-398-4718
Lady Minto Health Care Center, Edam	306-397-5560
L. Gervais Memorial Health Centre, Goodsoil	306-238-2100
Loon Lake Health Centre & Special Care Home, Loon Lake	306-837-2114
St. Walburg Health Complex	306-248-3355

Long-Term/Special Care Homes

Battlefords District Care Centre, Battleford	306-446-6900
Dr. Cooke Extended Care Centre, Lloydminster, AB	780-871-7900 Or 306-820-5970
Jubilee Home, Lloydminster, SK	306-820-5950
Northland Pioneers Lodge, Meadow Lake	306-236-5812
River Heights Lodge, North Battleford	306-446-6950
Villa Pascal (Affiliate), North Battleford	306-445-8465

Primary Health Care Clinics

Battlefords Family Health Centre, North Battleford	306-937-6840
Cut Knife	306-398-2301
Edam	306-397-2334
Goodsoil	306-238-2020
Loon Lake	306-837-2066
Maidstone	306-893-2622
Meadow Lake	306-236-5661
Neilburg	306-823-4252
Paradise Hill	306-344-2255
Prairie North Health Centre, Lloydminster	306-820-5997
Primary Health Centre, North Battleford	306-445-4415
St. Walburg	306-248-3434
Turtleford	306-845-2277

Appendix E - How to Contact Us (continued)

Home Care

Battlefords	**306-446-6445**
Cut Knife	306-398-2296 or 306-446-6445
Edam	306-845-2195 or 306-446-6445
Neilburg/Marsden	306-823-4554 or 306-446-6445
Paradise Hill	306-344-2255
St. Walburg	306-248-6723
Turtleford	306-845-2195
Lloydminster	**306-820-6200**
Lashburn	306-285-4210
Maidstone	306-893-2622 (ext. 7101)
Meadow Lake	**306-236-1595**
Goodsoil/Pierceland	306-238-2053
Loon Lake	306-837-2359

Mental Health & Addictions Services

Battlefords	306-446-6500
Lloydminster	306-820-6250
Meadow Lake	306-236-1580

Population (Public/Community) Health Services

Primary Health Centre, North Battleford	306-446-6400
PNHR Don Ross Centre site, North Battleford	306-446-5888
PNHR Co-Op Plaza site, Lloydminster	306-820-6120
Community Health Services Building, Lloydminster	306-820-6225
Maidstone Health Complex	306-893-2622
Northwest Health Facility, Meadow Lake	306-236-1570

Rehabilitation/Therapy Services

Battlefords Union Hospital	306-446-6574
Primary Health Centre, North Battleford	306-446-6400
Dr. Cooke Extended Care Centre, Lloydminster	780-871-7918
Jubilee Home, Lloydminster	306-820-5954
Lloydminster Hospital	306-820-6055
Northwest Health Facility, Meadow Lake	306-236-1570
Meadow Lake Hospital	306-236-1530
Riverside Health Complex, Turtleford	306-845-2900

Telehealth

Battlefords Union Hospital	306-446-6699
Lloydminster Hospital	306-820-6103
Northwwest Health Facility, Meadow Lake	306-236-1545

Quality of Care Coordinators

Battlefords, Cut Knife, Edam & Maidstone	306-446-6054
Lloydminster, Neilburg, Paradies Hill & Turtleford	306-820-6177
Meadow Lake, Goodsoil, Loon Lake, & St. Walburg	306-236-1558

HealthLine 811
HEALTHLINEONLINE.CA

Appendix F - Acronyms

AAT	Aboriginal Awareness Training
AB	Alberta
AC	Accreditation Canada
ACLS	Advanced Cardiac Life Support
ADT	Admission, Discharge, Transfer
AHS	Alberta Health Services
AIDS	Acquired Immune Deficiency Syndrome
ALS	Advanced Life Support
ASD	Autism Spectrum Disorder
ASOS	Alzheimer Society of Saskatchewan
AUPE	Alberta Union of Provincial Employees
A3	Lean planning tool template
BCP	Business Continuity Plan
BDCC	Battlefords District Care Centre
BFHC	Battlefords Family Health Centre
BRT6HS	Battleford River Treaty 6 Health Services
BUH	Battlefords Union Hospital
BUHF	Battlefords Union Hospital Foundation
CAD	Coronary Artery Disease
CAN(s)	Community Advisory Network(s)
CBO	Community-Based Organization
CDI	Clostridium Difficile
CDM	Chronic Disease Management
CDM-QIP	Chronic Disease Management – Quality Improvement Program
CEC	Collaborative Emergency Centre
CEO	Chief Executive Officer
CEP	Capital Equipment Plan
CHAN	Community Health Advisory Network
CLXT	Combined Laboratory & X-Ray Technologist
CME	Continuing Medical Education
CMHA	Canadian Mental Health Association
CMHC	Canada Mortgage & Housing Corporation
CMP	Capital Management Plan
COPD	Coronary Obstructive Pulmonary Disease
COSR	Client Occurrence Safety Report
Co-SMO	Co-Senior Medical Officer
CPR™	Clinical Practice Redesign™
CQI	Continuous Quality Improvement
CSA	Canadian Standards Association
CSQI	Continuous Safety & Quality Improvement
CT	Computed Tomography
CTAS	Canadian Triage and Acuity Scale
CUPE	Canadian Union of Public Employees
CVA	Central Vehicle Agency
C&Y	Child and Youth
DCECC	Dr. Cooke Extended Care Centre
DI	Diagnostic Imaging
DME	Distributed Medical Education
ECP	Early Childhood Psychology
ED	Emergency Department
EEAT	Employee Engagement Action Team
EFAP	Employee and Family Assistance Program
EHR	Electronic Health Record
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ENT	Ear, Nose and Throat (Otolaryngology)
ER/ED	Emergency Room/Emergency Department
ESP	Employee Scheduling Program
FASD	Fetal Alcohol Spectrum Disorder
FIT	Fecal Immunochemical Test
FTE(s)	Full-Time Equivalent(s)
GI	Gastrointestinal
GO	Gateway Online
GP	General Practitioner
HAI(s)	Healthcare Associated Infection(s)
HC	Home Care
HCO(s)	Health Care Organizations(s)
HICS	Health Incident Command System
HIV	Human Immunodeficiency Virus
HQC	Health Quality Council
HR	Human Resources
HSAS	Health Sciences Association of Saskatchewan
HVAC	Heating, Ventilation and Air Conditioning
ICU	Intensive Care Unit
IPC	Infection Prevention & Control
IPCC	Infection Prevention & Control Coordinator
IT	Information Technology

Appendix F - Acronyms (continued)

IT/IM	Information Technology/Information Management
JSA	Job Safety Analysis
JSAs	Job Safety Analyses (plural of JSA)
KIS	Key Indicator Statistics
KPO	Kaizen Promotion Office
KYHR	Keewatin Yatthe Health Region
LPN	Licensed Practical Nurse
LH	Lloydminster Hospital
LRHF	Lloydminster Region Health Foundation
LTC	Long-Term Care
MAC	Medical Advisory Committee
MARS	My Access to Resources & Services (PNRHA Intranet site)
MDS	Minimal Data Set
Med Rec	Medication Reconciliation
MHO	Medical Health Officer
MI	Medical Imaging
MLTC	Meadow Lake Tribal Council
MMR	Measles, Mumps and Rubella
MORE^{OB}	Managing Obstetrical Risk Efficiently
MOU	Memorandum of Understanding
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
MWFR	Midwest Food Resources
NEPS	Nursing Education Programs of Saskatchewan
NHSN	National Healthcare Safety Network
NP	Nurse Practitioner
NPL	Northland Pioneers Lodge
NSL	North Sask Laundry (& Support Services Ltd)
NSRMHH	North Saskatchewan River Municipal Health Holdings
OHC	Occupational Health Committee
OH&S	Occupational Health and Safety
OOS	Out-of-Scope
OPDS	Outpatient Day Surgery
OR	Operating Room

PAC	Practitioner Advisory Committee
PAPHR	Prince Albert Parkland Health Region
PART	Professional Assault Response Training
PC	Primary Care
PES	Patient Experience Survey
PFCC	Patient- and Family-Centred Care
PHC	Primary Health Care
PHI	Public Health Inspector
PIP	Pharmacy Information System
PNHR	Prairie North Health Region
PNRHA	Prairie North Regional Health Authority
PRAS	Physician Recruitment Agency of Saskatchewan
P3	Public Private Partnership
QCC	Quality of Care Coordinator
RFC	Resident & Family Council
RHA	Regional Health Authority
RHL	River Heights Lodge
RIC	Regional Intersectoral Committee
RM	Rural Municipality
RN	Registered Nurse
ROP	Required Organizational Practice
RPN	Registered Psychiatric Nurse
RPIW	Rapid Process Improvement Workshop
RTC™	Releasing Time to Care™
RTW	Return-to-Work
RW	Representative Workforce
SAHO	Saskatchewan Association of Health Organizations
SCA	Saskatchewan Cancer Agency
SCM	Sunrise Clinical Manager
SEP	Single Entry Point
SHMS	Saskatchewan Healthcare Management System
SHNB	Saskatchewan Hospital North Battleford
SIAST	Saskatchewan Institute of Applied Sciences and Technology
SIMS	Saskatchewan Immunization Management System
SIPPA	Saskatchewan International Physician Practice Assessment
SIRP	Saskatchewan Integrated Renal Program
SIS	Surgical Information System

Appendix F - Acronyms (continued)

SkSI	Saskatchewan Surgical Initiative
SLP	Speech Language Pathology
SLT	Senior Leadership Team
SMO	Senior Medical Officer
SMS	Safety Management System
SSC	Surgical Safety Checklist
SSCN	Saskatchewan Surgical Care Network
SSI(s)	Surgical Site Infection(s)
SSPR	Saskatchewan Surgical Patient Registry
STARS	Shock Trauma Air Rescue Society
STC	Short-Term Care
SUN	Saskatchewan Union of Nurses
TCA	Tobacco Control Act
TIPS	Therapeutic Integrated Paediatrics Services
TLR	Transfer, Lift and Reposition(ing)
UIAF	Urgent Issues Action Fund
U of A	University of Alberta
U of S	University of Saskatchewan
UNA	United Nurses of Alberta
Vis Wall	Visibility Wall
VP	Vice President
VRE	Vancomycin Resistant Enterococcus
WCB	Workers' Compensation Board
WDP	Wage-Driven Premium
WHMIS	Workplace Hazardous Material Information System
WNV	West Nile Virus
3P	Production Preparation Process
3sHealth	Health Shared Services Saskatchewan
5S	Sort, Straighten, Shine, Standardize, Sustain
P3	Public Private Partnership

ACCOUNTABILITY
SAFETY EXCELLENCE
ENGAGEMENT RESPECT
TRANSPARENCY
PATIENT FIRST
ACCOUNTABILITY
PEOPLE RESPECT
NGAGEMENT HEALTH
ELLENCE BEST CARE
TRANSPARENCY
SUPPORT
COMMUNITY

TEAM

QUALITY

CELLENCE

MENT RESPECT

TRANSPARENCY

Our mission

Prairie North Health Region works with individuals and communities to achieve the safest and best possible care, experience and health for you.

Prairie North Health Region

Healthy People. Healthy Communities.

Prairie North Health Region

Healthy People. Healthy Communities.